

# MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## 59-035802

STATE FILE NUMBER

FILED VS OCT 26 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1118

MAILED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Greene</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>	Length of stay in 1b <u>3 days</u>	c. CITY OR TOWN <u>Springfield</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Spfd. Baptist Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1420 Benton Avenue</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				

<b>3. NAME OF DECEASED</b> (Type or print) First <u>NETTIE</u> Middle <u>STACY</u> Last <u>COLEMAN</u>			<b>4. DATE OF DEATH</b> Month <u>October</u> Day <u>18,</u> Year <u>1959</u>		
-----------------------------------------------------------------------------------------------------------	--	--	---------------------------------------------------------------------------------	--	--

<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>12/2/1879</u>	<b>9. AGE</b> (last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
--------------------------------	-----------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------	--------------------------------------------	--------------------------------------------	------------------------------------------

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Marionville, Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------	------------------------------------------------------------------------------	-----------------------------------------------------

<b>13a. FATHER'S NAME</b> <u>Thomas Stacy</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Julia Terry</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Fenton Coleman</u>
--------------------------------------------------	--------------------------------------------------------	-------------------------------------------------------------

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT</b> <u>1420 Benton Avenue, Maxine Singer, Springfield, Mo.</u>
---------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	------------------------------------------------------------------------------------

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive - Arteriosclerotic</u> DUE TO (b) <u>Heart Disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Branchiostasis</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <u>None</u>
----------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------

<b>20c. TIME OF INJURY</b> Hour _____ s.m. _____ p.m. _____ <u>None</u>	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
-------------------------------------------------------------------------------------------------	--------------------------------------------------

21. I attended the deceased from 1955 to 10-18-59 and last saw her alive on 10-18-59  
 Death occurred at 7:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>W.D. Bann, M.D.</u>	<b>22b. ADDRESS</b> <u>609 Cherry, Springfield, Mo.</u>	<b>22c. DATE SIGNED</b> <u>10/19/59</u>
-------------------------------------------------------------------	------------------------------------------------------------	--------------------------------------------

<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>20 Oct. 1959</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Marionville, Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Marionville, Missouri</u>
-------------------------------------------------------------------	-----------------------------------------	---------------------------------------------------------------------------	--------------------------------------------------------------------------------------

<b>24. FUNERAL DIRECTOR</b> <u>1200 Booneville Avenue</u> <u>Ralph Thieme, Springfield, Missouri</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>10-21-59</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Effie S. Melton</u>
------------------------------------------------------------------------------------------------------------	--------------------------------------------------------	------------------------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harold Futrell*

Licensed Embalmer No. 5079

P. O. Address

*Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.