

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-022138

PILED VS JUN 1 1960 366

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **55**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Washington				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union Twp.		Length of stay in 1b 19 yrs.		c. CITY OR TOWN Cadet Route		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 mi. E. of Racola			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Timon Middle Lenues Last Coleman				4. DATE OF DEATH Month May Day 23 Year 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/5/1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Tavern Operator		11. BIRTHPLACE (City and state or country) Blackwell, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Lewis Coleman			13b. MOTHER'S MAIDEN NAME Mary Bequette			14. NAME OF HUSBAND OR WIFE Rosie Coleman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 497-20-9096		17. INFORMANT Address Rosie Coleman Cadet Rt. 1 Mo.				
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE terminal Pneumonia following asthma, Bronchitis, Chronic, Bronchiectasis, myocarditis							INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from 23 years to May 23/60 and last saw him alive on May 22/60 Death occurred at Cadet Rte 1 Mo on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE M. J. Russell (Degree or title)				22b. ADDRESS Potosi - Mo.				22c. DATE SIGNED 5/24/60 (Date)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 25, 1960	23c. NAME OF CEMETERY OR CREMATOR St. Joachims		23d. LOCATION (City, town, or county) Old Mines, Missouri				
24. FUNERAL DIRECTOR ADDRESS Arthur W. Smith, Potosi, Missouri				25. DATE RECD. BY LOCAL REG. 5/24/60		26. REGISTRAR'S SIGNATURE Arthur W. Smith			

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

C. R. Howell

Licensed Embalmer No. 3670

P. O. Address Clinton, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.