

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-023648**

**FILED VS JUL 1 1960**

Registration District No. 166 Primary Registration District No. 5604 Registrar's No. 11

STATE FILE NUMBER

UNDE

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Johnson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Montserrat Twp.</u> Length of stay in 1b <u>24 Yrs.</u> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD # 3 Warrensburg</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> c. CITY OR TOWN <u>Warrensburg</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>RFD # 3</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Minerva</u> Middle <u>Loyd</u> Last <u>Coleman</u>			<b>4. DATE OF DEATH</b> Month <u>June</u> Day <u>28</u> Year <u>1960</u>				
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>11-14-03</u>	<b>9. AGE (last birthday)</b> <u>56</u>	IF UNDER 1 YEAR Months <u>        </u> Days <u>        </u> Hours <u>        </u> Min. <u>        </u>		
<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>Ownhome</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Johnson County Mo.</u>			
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>		<b>13a. FATHER'S NAME</b> <u>Robert L. Clear</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Emma M. Thompson</u>			
<b>13c. NAME OF HUSBAND OR WIFE</b> <u>Adrian Coleman</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>			
<b>17. INFORMANT</b> <u>Adrian Coleman, RFD 3, Warrensburg, 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>Cardiac failure</u> DUE TO (b) <u>Carcinomatosis, involving 2 yrs.</u> DUE TO (c) <u>stomach, liver + adjacent tissue</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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 checked="" 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"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour <u>        </u> a.m. <u>        </u> p.m. Month, Day, Year <u>        </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>		<b>COUNTY</b>	<b>STATE</b>		
<b>21. I attended the deceased from</b> <u>April - 13 - 1960</u> , to <u>June - 24 - 1960</u> and last saw her <u>alive</u> on <u>June - 24 - 1960</u> . Death occurred at <u>2:15 P.M.</u> 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. E. Clear, Jr.</u>			<b>22b. ADDRESS</b> <u>Windsor, Mo.</u>		<b>22c. DATE SIGNED</b> <u>June 28/60</u>		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DATE</b> <u>6-29-60</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Adams Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) <u>RFD 3, Warrensburg, Missouri</u> (State)			
<b>24. FUNERAL DIRECTOR</b> <u>Sweeney-Phillips, Warrensburg, Mo.</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>June 28-60</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Erma L. Beatty</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 6 1960

**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

*J. Earliest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensba*

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.