

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005942

AMENDED

Registration District No. 217 Primary Registration District No. 5786 Registrar's No. 15

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Charleston</b> Length of stay in lb <b>45 yrs.</b> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Route 3</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b> c. CITY OR TOWN <b>Charleston</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>Route 3</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Ed</b> Middle <b>Coleman</b> Last 4. DATE OF DEATH Month <b>Feb.</b> Day <b>15,</b> Year <b>1961</b>			5. SEX <b>Male</b> 6. COLOR OR RACE <b>Col.</b> 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/6/1894</b> 9. AGE (last birthday) <b>66</b> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b> 10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b> 11. BIRTHPLACE (City and state or country) <b>Helena, Ark.</b> 12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Unknown</b> 13b. MOTHER'S MAIDEN NAME <b>Unknown</b> 14. NAME OF HUSBAND OR WIFE <b>Lillie Coleman</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT Address <b>Fred Coleman, R. 3, Charleston, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular Accident</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b> ?	
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"/> N. <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 Month, Day, Year a.m. p.m.		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 <b>February 1, 1966</b> to <b>Feb. 15, 1961</b> and last saw him alive on <b>Nov. 7, 1960</b> Death occurred at <b>2:30 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>[Signature]</b> (Degree or title)		22b. ADDRESS <b>Charleston, Mo</b>	22c. DATE SIGNED <b>2/16/61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/20/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Charleston, Mo.</b>	
24. FUNERAL DIRECTOR <b>[Signature]</b> ADDRESS <b>Charleston, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2-24-61</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

**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 Quisbert Jones

Licensed Embalmer No. 5132

P. O. Address Charleston, W. Va.

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.