V.S. No. 300
Rev. 10-48

FILED AUG 7 1961

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. -61-024566

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 113

0275

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: COOPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOONVILLE MO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 90

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: COOPER
c. CITY OR TOWN: BOONVILLE 0275
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): RURAL ST BOONVILLE MO

3. NAME OF DECEASED (Type or Print)
a. (First): CRYSTAL
b. (Middle): LINN
c. (Last): ~~PERRY~~ Coleman

4. DATE OF DEATH (Month) AUG (Day) 4 (Year) 61

5. SEX 3: FEMALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never Married
8. DATE OF BIRTH: JUNE 8, 1961
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 1 Days 26; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHILD
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): BOONVILLE MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: HAROLD COLEMAN
13b. MOTHER'S MAIDEN NAME: LUCILLE PERRY
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): MO (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: HAROLD COLEMAN ADDRESS: BOONVILLE MO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suffocation — INTERVAL BETWEEN ONSET AND DEATH: C1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 1-0
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 9250

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 18
20. AUTOPSY? 2 YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) 027 **(COUNTY)** Boonville Cooper **(STATE)** MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): During night 8-3 & 8/4 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Suffocation between sofas

22. *I hereby certify that I attended the deceased from* No Accidence *, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M L DeCicaga MD
23b. ADDRESS: Boonville Mo
23c. DATE SIGNED: 8/4/61

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG 5, 1961
24c. NAME OF CEMETERY OR CREMATORY: CITY
24d. LOCATION (City, town, or county): BOONVILLE **(State)** MO

DATE REC'D BY LOCAL REG.: 8-4-61
REGISTRAR'S SIGNATURE: ~~DE~~ Hooper
25. FUNERAL DIRECTOR'S SIGNATURE: H. MAY ADDRESS: 814 S. PORTER, BOONVILLE MO

(Licensed Embalmer's Statement on Reverse Side)

NOT EMBALMED

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, by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address .....

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.