

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030139

AMENDED

Registration District No. 234 Primary Registration District No. 244 Registrar's No. 70

STATE FILE NUMBER

FILED SEP 5 1961

a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) Jamestown, Mo Linn		a. STATE Missouri	b. COUNTY Moniteau
Length of stay in 1b 1 Month		c. CITY OR TOWN Jamestown, Mo	
c. FULL NAME OF (If NOT in hospital, give location) Home-Jamestown, Mo		d. STREET ADDRESS (If outside, give location) Rt # 2	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First Middle Last Dollie (Dearing) Coleman			Month Day Year Aug 18 1961			
5. SEX Female	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 11/27/80	9. AGE (last birthday) 80	IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Missouri-Moniteau		12. CITIZEN OF WHAT COUNTRY U.S.A.	Months Days Hours Min.
13a. FATHER'S NAME James Dearing		13b. MOTHER'S MAIDEN NAME Lucy Joplin		14. NAME OF HUSBAND OR WIFE Nero 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. None		17. INFORMANT W. J. Coleman	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH	
		Chronic myocarditis		2 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		5 years	
		Generalized arterio-sclerosis			
		DUE TO (c)			

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 checked="" 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
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21. I attended the deceased from Jan 6, 1955 to Aug 18, 1961 and last saw her alive on Aug 16, 1961
Death occurred at 4/45 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Benjamin Latham M.D.	22b. ADDRESS California, Mo	22c. DATE SIGNED 8-19-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/20/61	23c. NAME OF CEMETERY OR CREMATORY Concord Cemetery	23d. LOCATION (City, town, or county) (State) Jamestown, Mo
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24. FUNERAL DIRECTOR Bowlin Funeral Home-California, Mo	25. DATE RECD. BY LOCAL REG. 8-20-61	26. REGISTRAR'S SIGNATURE Helew L. Pappay
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

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 John Bowlin, Student Embalmer No. 614
working under my personal supervision.

Student

John H. Bowlin
Signature of Student Embalmer

Signed

John H. Bowlin

Licensed Embalmer No.

4933

P.O. Address

California, Mo.

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.