

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045954

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED STATE FILE NUMBER

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 55

FILED JAN 3 1962	
1. PLACE OF DEATH a. COUNTY <u>ST. CLAIR</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Appleton City</u> Length of stay in lb <u>12 yr</u> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ELlett M. Hosp</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. CLAIR</u> c. CITY OR TOWN <u>Appleton City</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>3 mi South 1 mi E.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Vera Genettia Coleman</u>			4. DATE OF DEATH Month Day Year <u>Dec 28 61</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 9-91</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Tomball ARK</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Richmond Koeling</u>		13b. MOTHER'S MAIDEN NAME <u>M. VIRVA Reeves</u>		14. NAME OF HUSBAND OR WIFE <u>R.E. Coleman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>R.E. Coleman Appleton City, Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>7 yr</u>
IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>			
DUE TO (b) <u>arteriosclerosis, gen</u>			
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	
21. I attended the deceased from <u>1552</u> to <u>28 Dec 61</u> and last saw her alive on <u>28 Dec 61</u> Death occurred at <u>930</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>Appleton City</u>		22c. DATE SIGNED <u>25 Dec 61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12-30-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Appleton City</u>	
				23d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo.</u>	

24. FUNERAL DIRECTOR ADDRESS <u>Omni Coffey Appleton City, Mo.</u>		25. DATE RECD. OF LOCAL REG. <u>Dec. 29, 1966</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JAN 18 1962

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 Ursula Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton Ct

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.