

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047626

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 1

FILED JAN 3 1962

1. PLACE OF DEATH
 a. COUNTY **Washington**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Breton Twnshp** Length of stay in lb **3 years**
 c. CITY OR TOWN **Mineral Point** Inside Limits Yes No
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **at home** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **R#1, Mineral Point** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Mary** Middle **Rosalie** Last **Coleman** 4. DATE OF DEATH Month **12** Day **20** Year **1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **2/8/176** 9. AGE (last birthday) **85** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **-0-** 11. BIRTHPLACE (City and state or country) **Cadet, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Naree Politte** 13b. MOTHER'S MAIDEN NAME **Clarsie ?** 14. NAME OF HUSBAND OR WIFE **Frank 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 Address **Mineral Pt. Mo.**
Mrs. Helen Sparks-R#1, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Apoplexy**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 none to _____ and last saw her alive on _____
 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Joseph L. Thuman, M.D.** 22b. ADDRESS **Potosi, Mo.** 22c. DATE SIGNED **12-22-1961**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **12/22/61** 23c. NAME OF CEMETERY OR CREMATORY **St. James** 23d. LOCATION (City, town, or county) (State) **Potosi, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Gum & Son, Potosi, Mo.** 25. DATE RECD. BY LOCAL REG. **12-28-61** 26. REGISTRAR'S SIGNATURE **Helen Rindler**

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 William H. Sumner

Licensed Embalmer No. 5155

P. O. Address Potomac, Md.

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.