

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-~~620018~~ ⁶²⁻⁶²⁰⁰¹⁸

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 106

DO NOT WRITE ON THIS STUB AMENDED

VS 300 Rev. 4/59
2361
20361
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4 1
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12 90-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

FILED AUG 13 1962

PLACE OF DEATH
a. COUNTY Franklin Co.

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pacific, Mo. Length of stay in lb ...

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 308 Central Ave Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY ...

c. CITY OR TOWN Pacific Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 308 Central Ave. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First ROSE Middle COLEMAN Last ...

4. DATE OF DEATH Jul. 28, 1962 Month Jul. Day 28 Year 1962

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH Mar. 20, 1885 9. AGE (last birthday) 77 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) none 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Burkess 13b. MOTHER'S MAIDEN NAME Elizabeth Voves 14. NAME OF HUSBAND OR WIFE James 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 Lillian Marsek 6610 Alabama Address St. Louis, 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) Medullary cancer
DUE TO (b) Cerebral aneurysm
DUE TO (c) Metastatic melanoma
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 8-1-61 to 5-24-62 and last saw her/him alive on 5-24-62
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Evansville, Mo. 22c. DATE SIGNED 7-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 8-31-62 23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Southern Funeral Home 6322 S. Grand, St. Louis, Mo. 25. DATE RECD. BY LOCAL REG. JULY 30 1962 26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

YS
AUG 16 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 James O. Ritt

Licensed Embalmer No. 4347

P. O. Address 6322 So Grand

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.