

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027942

STATE FILE NUMBER

Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 34

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 23 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>New Madrid</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>                        |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>New Madrid</u>  |   | c. CITY OR TOWN <u>New Madrid</u>  |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>no</u>  |   | d. STREET ADDRESS (If outside, give location) <u>405 Rear Kelly</u>  |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>NELSON</u> Middle <u>COLEMAN</u> Last <u>COLEMAN</u>   |   | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>19</u> Year <u>62</u>   |   |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>C</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH <u>3/7/1877</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ray Kabas</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>   | 12. CITIZEN OF WHAT COUNTRY <u>Miss. U.S.A.</u>                         |
| 9. FATHER'S NAME <u>Enoch Coleman</u>  |   | 13. MOTHER'S MAIDEN NAME <u>Wink</u>   | 14. NAME OF HUSBAND OR WIFE <u>Nettie Coleman</u>                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No.</u>   |   | 16. SOCIAL SECURITY NO. <u>—</u>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:   |   | INTERVAL BETWEEN ONSET AND DEATH   |   |
| IMMEDIATE CAUSE (a) <u>Broncho Pneumonia Bilateral</u>   |   |  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Chronic Bronchitis-Cardiac</u>   |   |  |   |
| DUE TO (c) <u>Asthma</u>   |   |  |   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____  |   |  |   |
| 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>June 24-62</u> to <u>July 19-62</u> and last saw him alive on <u>July 14-1962</u><br>Death occurred at <u>6:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><u>D.B. Chandler M.D.</u>  |   | 22b. ADDRESS<br><u>New Madrid Mo</u>   | 22c. DATE SIGNED<br><u>7-19-62</u>                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>7/22/62</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Sandhill</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>New Madrid. Mo.</u> |
| 24. FUNERAL DIRECTOR<br><u>Richards Funeral Home</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>7-19-62</u>   | 26. REGISTRARS SIGNATURE<br><u>Jay Hedgepeth</u>                        |

(Licensed Embalmer's Statement on Reverse Side)

**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 *L. B. Hedgcock*

Licensed Embalmer No. 3803

P. O. Address New Madrid 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.