MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-012424
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 209 Primary Registration District No. _____ Registrar's No. 8

FILED MAR 22 1963

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Palmyra — Length of stay in 1b: 3 yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Marion
c. CITY OR TOWN Palmyra — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 115 S. Main — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Pearle Middle: Mae Last: Coleman
4. DATE OF DEATH Month Day Year: March 8, 1963
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/14/84
9. AGE (last birthday): 78 — IF UNDER 1 YEAR Months 2 Days 17 — IF UNDER 24 HR 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: Own home
11. BIRTHPLACE (City and state or country): Osceola, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Owen Cobb
13b. MOTHER'S MAIDEN NAME: Alice Frances White
14. NAME OF HUSBAND OR WIFE: Kilby R. Coleman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: [redacted]48
17. INFORMANT: Mrs. Lucy Cobb, Philadelphia, Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I.) DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Has had diabetes mellitus for several years
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 3/8/63, to _____ and last saw her/him alive on _____
Death occurred at 12:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Henry H. Sweet Jr MD Coroner
22b. ADDRESS: Hannibal Mo
22c. DATE SIGNED: 3/15/63
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mar. 11, 63
23c. NAME OF CEMETERY OR CREMATORY: Philadelphia Cemetery
23d. LOCATION (City, town, or county) (State): Philadelphia, Mo.
24. FUNERAL DIRECTOR ADDRESS: Feaster-Garner, Philadelphia, Mo.
25. DATE RECD. BY LOCAL REG.: 3-18-63
26. REGISTRAR'S SIGNATURE: Dr. E. M. Luecke By Viola Geer, Deputy
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
6	641		
7	641 2		
8			
9	1		
10	2		
11			
12	0		
13	0		
14	94200		
15			
16			
17	90-3		
18	1-0		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No. 3720

P. O. Address Monroe City 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.