

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 19 1942

Registrar's No. 89

Registration District No. ....

Primary Registration District No. 6075

94  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town (near) Farmington, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
State Hospital No. 42  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 1 yr., 6 mos., 10 das. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County City 94  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5718 Prescott  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Angeline Coleman

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Widow 2  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive U.K. years

7. Birth date of deceased December (Month) (Day) (Year)

8. AGE: Years 74? or 56? Months Unknown Days Unknown If less than one day hr. min.

9. Birthplace Orange County Texas (City, town, or county) (State or foreign country)

10. Usual occupation Saleslady

11. Industry or business.....

MOTHER FATHER { 12. Name Francis ?  
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)  
14. Maiden name Eleanora Woley  
15. Birthplace Orange Co Texas (City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hospital No. 4  
(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 7-17-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director President

(b) Address Farmington, Mo

19. (a) July 18, 1942 (b) Byrdie Bukhmeister  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th  
year 1942 hour 4:25 minute AM

21. I hereby certify that I attended the deceased from November 4th 1940 to July 14th 1942  
that I last saw her alive on July 13 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease with marked decomposition Duration 3 wks.  
Due to Arteriosclerosis, generalized and marked ?

Other conditions Bronchial pneumonia, Senile psychosis, Simple Degeneration Duration 2 yrs +

Major findings: No operations PHYSICIAN  
Of operations.....  
Of autopsy no autopsy 107 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 0  
23. Signature C. C. Ault (M. D. or other)  
Address Farmington, Missouri Date signed 7/14/42

1196

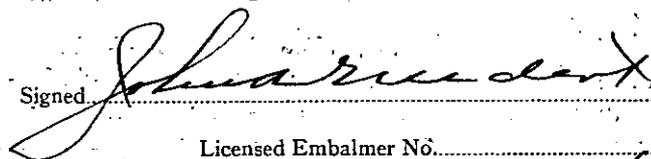
RECEIVED

District Health Officer No. 4  
District File Number 986-842-98  
Date Filed 8-10-42

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 me, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed



Licensed Embalmer No. \_\_\_\_\_

P. O. Address Farmington

**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 this body is not embalmed, fact should be so stated above.**