

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32560

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 854-A

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Springfield Baptist D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days
(Specify whether _____)

In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 10

(d) Street No. 1638 E. 8th St. D
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mata M. Coley

3. (b) If veteran, name war no

3. (c) Social Security No. NO

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Samual P. Coley

6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Oct. 15 1869
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>78</u> | <u>11</u> | <u>21</u> | hr. _____ min. |

9. Birthplace Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Williams Mitchell

13. Birthplace Indiana (City, town, or county) (State or foreign country)

14. Maiden name Caroline Tayne

15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Ray Coley

(b) Address 1638 E. 8th St.

17. (a) burial (b) Date thereof 10-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director J. W. Klingner

(b) Address Springfield

19. (a) 10-11-48 (b) NE Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
year 1948 hour 10 minute 15 p. M.

21. I hereby certify that I attended the deceased from 9-30-1948 to 10-6-1948
that I last saw her alive on 10-6-1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Atypical Clinicaly Carcinoma of Stomach Duration 2 yrs.

Due to _____

Due to _____

Other conditions Major Gastric Hemorrhage
(Include pregnancy within 3 months of death)

Major findings: undigested particles

Of operations malig. tumor

Of autopsy 46 P

PHYSICIAN _____

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 _____

23. Signature C. E. Fellen (M. D. or other) ✓

Address Springfield Mo. Date signed 10/7/48

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 27 1948

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.....

John McTiabb, Registered Apprentice No. *85*

working under my personal supervision.

Signed *Ogle Stone Jr.*

Licensed Embalmer No. *4776*

P. O. Address *Springfield*

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.