

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 212
Registrar's No. 42

BIRTH NO. _____ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kingston</u>	
c. LENGTH OF STAY (in this place) <u>27 yr. 0.13 day</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Aita</u> b. (Middle) <u>E</u> c. (Last) <u>Coleman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>13</u> <u>1949</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>May 12 1886</u>		9. AGE (In years last birthday) <u>62</u>		10. UNDER 1 YEAR Months <u>8</u> Days <u>1</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>			

13a. FATHER'S NAME <u>James Phares</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Frazier</u>		14. NAME OF HUSBAND OR WIFE <u>Charles M. Coleman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>County Court Kingston Mo</u> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Occlusion</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u>			
		DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4501</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Jan 13, 1949, that I last saw the deceased alive on Jan 12, 1949, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Forrest Thomas M.D.</u>		23b. ADDRESS <u>St. Joseph Mo 70 State Hospital</u>		23c. DATE SIGNED <u>1/13-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chaves</u>	
				24d. LOCATION (City, town, or county) (State) <u>Braynes Mo</u>	

DATE REC'D BY LOCAL REG. <u>1-14-49</u>		REGISTRAR'S SIGNATURE <u>B. G. Jenkins 382</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bernard Ward Braynes</u> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *Ernest F. Moore* _____

Licensed Embalmer No. *2801* _____

P. O. Address *Brayner, 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 this body is not embalmed, fact should be so stated above.