

FILED FEB 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4271

BIRTH NO. REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4087 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Carter		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Carter	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Van Buren, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Van Buren, Mo.	
c. LENGTH OF LIFE (In months this place) Life		d. STREET ADDRESS (If rural, give location) Van Buren, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Van Buren, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Robert Lee b. (Middle) Coleman c. (Last) Coleman			4. DATE OF DEATH (Month) (Day) (Year) 2-7-1949		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-17-1863	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 5 Days 20	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of life, or if retired) Public Office	10b. KIND OF BUSINESS OR INDUSTRY Public Office	11. BIRTHPLACE (State or foreign country) Carter Co. Missouri.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Marion Francis Coleman	13b. MOTHER'S MAIDEN NAME Adeline Fancher	14. NAME OF HUSBAND OR WIFE Mary Rose Coleman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown	17. INFORMANT'S SIGNATURE OR NAME Irene Meador Clayton, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **2-5**, 19 **49**, to **2-7**, 19 **49** that I last saw the deceased alive on **2-7**, 19 **49**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J.A. Cotton, M.D. (Degree or title)	23b. ADDRESS Van Buren	23c. DATE SIGNED 2-7-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-11-49	24c. NAME OF CEMETERY OR CREMATORY Van Buren Missouri	24d. LOCATION (City, town, or county) (State) Van Buren Mo.
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DATE REC'D BY LOCAL REG. Feb. 19-49	REGISTRAR'S SIGNATURE Mrs. Octa Heinson	50	25. FUNERAL DIRECTOR'S SIGNATURE Lester Funeral Home Van Buren	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

~~Dist. File No. 2-13-49~~
District File Number 249152
District Health Officer No. 8
RECEIVED 2-21-49

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 2-4-

Student Embalmer No.

working under my personal supervision.

Signed Phil A. Leucher

Signed
Student Embalmer

Licensed Embalmer No. 2936

P. O. Address Van Buren 7

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.