

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15553  
57

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston,</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston,</b> 1002	
c. LENGTH OF STAY (in this place) <b>15 1/2</b>		d. STREET ADDRESS (If rural, give location) <b>1603 Washington, St.</b> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ben</b>	b. (Middle) _____	c. (Last) <b>Coleman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4 7 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan, 16 1900</b>	9. AGE (In years last birthday) <b>50</b>	# UNDER 1 YEAR Months <b>2</b>	# UNDER 1 YEAR Days <b>22</b>	# UNDER 1 YEAR Hours _____	# UNDER 1 YEAR Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>	11. BIRTHPLACE (State or foreign country) <b>Wood Stock, Tenn,</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>
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13a. FATHER'S NAME <b>Will Coleman</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown,</b>	14. NAME OF HUSBAND OR WIFE <b>Alice Coleman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Alice Coleman</b> ADDRESS <b>1603 Washington St.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia -</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardio-vascular</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Renal Disease</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 **4-6**, 1950, to **4-7**, 1950, that I last saw the deceased alive on **4-7**, 1950, and that death occurred at **8:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Edmond Sargent</b> (Degree or title)	23b. ADDRESS <b>Sikeston Mo</b>	23c. DATE SIGNED <b>4-8-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-11-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Cemetery West of Sikeston, Mo.</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>Apr 10 50</b>	REGISTRAR'S SIGNATURE <b>Mrs Ella Hunter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred J. Smith</b> ADDRESS <b>1212 Maud St.</b>
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RECEIVED APR 17 1950

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 450-6

**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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.