

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11370

BIRTH NO.		REG. DIST. NO. 366	PRIMARY REG. DIST. NO. 6248	Registrar's No. 13
1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission.) a. STATE Missouri b. COUNTY Washington		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lines Kingston		c. LENGTH OF STAY (If in place) life		
d. FULL NAME OF HOSPITAL OR INSTITUTION Old Mines		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Old Lines Kingston township		
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Agnes		c. (Last) Coleman
4. DATE OF DEATH		4. DATE (Month) (Day) (Year) 3-19-1951		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> WIDOWED	8. DATE OF BIRTH 1-7-1866	9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done in course of regular life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Cannon Mines, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Theophilus DeGaone		
14. MOTHER'S MAIDEN NAME Julia A Boyer		15. NAME OF HUSBAND OR WIFE Louis N. Coleman deceased		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		17. SOCIAL SECURITY NO. None		18. INFORMANT'S SIGNATURE OR NAME John Coleman
19. ADDRESS Cadet. Rt. 1 Mo		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, ashenia, etc. It means the disease, injury, or complication which caused death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. INTERVAL BETWEEN ONSET AND DEATH 480X
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 2-10, 1951, to 3-19, 1951, that I last saw the deceased alive on 3-10, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Joseph L. Thurman, M.D.		23b. ADDRESS Potosi, Mo.		23c. DATE SIGNED 3-19-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-21-1951		24c. NAME OF CEMETERY OR CREMATORY St Joachims Cemetery
24d. LOCATION (City, town, or county) Old Mines, Mo.		24e. LOCATION (City, town, or county) Old Mines, Mo.		
DATE REC'D BY LOCAL REG. 3/20/51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Boyer Funeral Home Potosi, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

1100

RECEIVED

MAR 27 1951

WASH. COUNTY HEALTH DEPT.

File No. 251-97

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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potasi, 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.