

STANDARD CERTIFICATE OF DEATH

FILED MAY 31 1951

State File No. 16344

145
3

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

BIRTH NO. _____		REG. DIST. NO. <u>148</u>		PRIMARY REG. DIST. NO. <u>5549</u>		Registrar's No. <u>56</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Richmond Twp.)</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette, Missouri</u>		<u>0457</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Femme Creek Twp.</u>				d. STREET ADDRESS (If rural, give location) <u>South Park Addition</u>			
3. NAME OF DECEASED a. (First) <u>Eugene</u> (Type or Print)			b. (Middle) <u>Howard</u>		c. (Last) <u>Coleman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 20, 1951</u>
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>11/4/1941</u>	
9. AGE (In years last birthday) <u>9</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School</u>		11. BIRTHPLACE (State or foreign country) <u>Howard County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A?</u>
13a. FATHER'S NAME <u>Lawrence Thomas Coleman</u>			13b. MOTHER'S MAIDEN NAME <u>Ethel Mae Gaines</u>			14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Evelyn Lee Gaines Fayette, Missouri</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning</u> ANTECEDENT CAUSES <u>Home</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>2:40</u> <u>2:22</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fayette Howard MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 20 1951 4:30 PM</u>		21e. INJURY OCCURRED AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Inability to Swime</u>			
22. I hereby certify that I attended the deceased from <u>5-20-51</u> , to <u>5-20-51</u> , that I last saw the deceased alive on <u>5-20-51</u> , and that death occurred at <u>12:47</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Bloom</u>				23b. ADDRESS <u>Fayette, Mo</u>		23c. DATE SIGNED <u>5-22-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/23/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-22-51</u>		REGISTRAR'S SIGNATURE <u>Mary A. Shero</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u>		ADDRESS <u>Fayette, Mo.</u>	

RECEIVED 5-29-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-29-51 _____

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, ~~on~~ by _____

working under my personal supervision.

Student Embalmer No.

Signed *Salpal A. Carr* _____

Signed.....
Student Embalmer

Licensed Embalmer No. *3340* _____

P. O. Address *Fayette 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.