

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38196

State File No. ....

FILED DEC 4 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5815 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MORGAN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Kaw Creek tw. 20 yrs</u>		c. LENGTH OF STAY (In this place) <u>20 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Kaw Creek tw. 5710</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi. W. of Versailles Mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. W. of Versailles</u>			d. STREET ADDRESS (If rural, give location) <u>3 mi. W. of Versailles Mo</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>COLEMAN</u> c. (Last) <u>ERNEST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 23 - 1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 17 - 1879</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 2 HRS. Day <u>6</u> Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (His kind of work done during part of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>MORGAN County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JACOB C. ERNEST</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Willson</u>	14. NAME OF HUSBAND OR WIFE <u>Ann SENUMAKER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARGIE DANIELS - Brighton Colo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>	
	b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced arteriosclerosis</u>			<u>10 years</u>
	DUE TO (c) <u>Cerebral Thrombosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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)
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?

22. I hereby certify that I attended the deceased from July 9, 1951, to Nov. 24, 1951 that I last saw the deceased alive on Nov. 20, 1951, and that death occurred at 5:25 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack Gunn MD</u> (Degree or title)	23b. ADDRESS <u>Versailles, Mo.</u>	23c. DATE SIGNED <u>11-26-51</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 26 - 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Versailles City Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Versailles, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 28th 1951</u>	REGISTRAR'S SIGNATURE <u>Wm. L. Ripberger</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. F. Hedrick Versailles Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3710  
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RECEIVED DEC 3 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed DEC 3 1951

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 \_\_\_\_\_

Licensed Embalmer No. 4021

P. O. Address Periso. 1166, D.W.

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.