

FILED APR 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7836

BIRTH NO. 20438 REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE 0272	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 721 WATER-ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOSEPH HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) EDWARD c. (Last) COLEMAN			4. DATE OF DEATH (Month) (Day) (Year) APRIL 4 52		
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH APRIL 4, 1952		9. AGE (In years last birthday) 7		10. IF UNDER 1 YEAR Months 0 Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State of foreign country) Boonville MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME JAMES COLEMAN		13b. MOTHER'S MAIDEN NAME ROSE LEE SMITH		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME JAMES COLEMAN ADDRESS 721 WATER	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) mother had been taking excessive car riding DUE TO (c) Vibration induced miscarriage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hours	
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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)	
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 **Apr 3**, 1952, to **Apr 4**, 1952, that I last saw the deceased alive on **Apr 4**, 1952, and that death occurred at **7:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. E. Stone (Degree or title)		23b. ADDRESS Boonville Mo		23c. DATE SIGNED 4-5-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 5, 52		24c. NAME OF CEMETERY OR CREMATORY CITY	
24d. LOCATION (City, town, or county) (State) BOONVILLE MO					

DATE REC'D BY LOCAL REG. 4-5-52		REGISTRAR'S SIGNATURE D. Cooper		25. FUNERAL DIRECTOR'S SIGNATURE Stuart P. Tucker ADDRESS Columbia	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Stuart D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, Md.

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.