

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31071

State File No.

Registrar's No. 72

No. 300

10-48

FILED SEP 27 1952

BIRTH NO.

REG. DIST. NO. 72

PRIMARY REG. DIST. NO. 4134

240

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Smithville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Smithville</u> <u>0240</u> | |
| c. LENGTH OF STAY (in this place) <u>Life</u> | | d. STREET ADDRESS (If rural, give location) <u>None</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u> b. (Middle) <u>Emmett</u> c. (Last) <u>Coleman</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18 1952</u> |
| 5. SEX <u>0</u> <u>Ma</u> | 6. COLOR OR RACE <u>Wh</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Aug. 17, 1898</u> |
| 9. AGE (In years last birthday) <u>54</u> | | IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min. | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bulk Station Agent</u> |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Petroleum Products</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>John H. Coleman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nannie L. Lutes</u> | 14. NAME OF HUSBAND OR WIFE <u>Artie Coleman</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>496-03-6390</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Artie Coleman</u> ADDRESS <u>Smithville, Mo</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Stomach</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mos +</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | |
| Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. | | DUE TO (b) _____ | |
| DUE TO (c) _____ | | 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>151X</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) (m.) | 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 <u>August 10, 1952</u> , to <u>Sept 18, 1952</u> , that I last saw the deceased alive on <u>Sept. 18, 1952</u> , and that death occurred at <u>12:20 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>W. D. ...</u> | | 23b. ADDRESS <u>Smithville, Mo.</u> | 23c. DATE SIGNED <u>9-20-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>9-20-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Smithville Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>9-20-1952</u> | REGISTRAR'S SIGNATURE <u>Beulah Fitchner 63</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McComas Funeral Home Smithville, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 1952

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 *Donald W. Hanks*

Licensed Embalmer No. *4528*

P. O. Address *Smithville, Missouri*

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. * * * *