

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41507**

FILED DEC 29 1952

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **341**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY OR TOWN Columbia	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Columbia	0105
d. FULL NAME OF HOSPITAL OR INSTITUTION 604 E. Ash St.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) HARRY	b. (Middle)	c. (Last) COLEMAN	4. DATE OF DEATH (Month) (Day) (Year) 12 23 52
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1896 36	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	10b. KIND OF BUSINESS OR INDUSTRY Cafe	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ernest Coleman	13b. MOTHER'S MAIDEN NAME Ora Nash	14. NAME OF HUSBAND OR WIFE Maggie Coleman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War I	16. SOCIAL SECURITY NO. 489-16-3086	17. INFORMANT'S SIGNATURE OR NAME Maggie Coleman	ADDRESS Columbia Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Acute years years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis, generalized		
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 331X	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)
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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?
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22. I hereby certify that I attended the deceased from **12/23/52**, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at **10:17 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leroy Sweet Jr MD Coroner	23b. ADDRESS 909 University Columbia Mo	23c. DATE SIGNED 12/23/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-27-52	24c. NAME OF CEMETERY OR CREMATORY Galvary	24d. LOCATION (City, town, or county) (State) Columbia Mo
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DATE REC'D BY LOCAL REG. Dec. 26 1952	REGISTRAR'S SIGNATURE Mrs. R E Palmer	31-0	25. FUNERAL DIRECTOR'S SIGNATURE Arthur B. Carter	ADDRESS Columbia Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR. 17 1953

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. 2900

P. O. Address Columbia N

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.