.300
.48

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

FILED DEC 7 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38598

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 336

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 617-Linn

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
d. STREET ADDRESS (If rural, give location): 617-Linn 0267

3. NAME OF DECEASED (Type or Print)
a. (First): Louisa
b. (Middle): Saunders
c. (Last): [illegible]

4. DATE OF DEATH (Month) (Day) (Year): Nov. 25-1953

5. SEX: Female
6. COLOR OR RACE: Black
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Mar. 12-1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 8, Days 13 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): Cole County, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Juber Coleman
13b. MOTHER'S MAIDEN NAME: Laura Howard
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S ~~SIGNATURE~~ OR NAME: Eugeman Coleman
ADDRESS: J.C. Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 HR.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Erosion of Blood Vessel
DUE TO (c) Due to Metastatic C.A.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
ORIGIN - Corpus uterus — About 18 Mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 172X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 53, to Nov 25, 1953 that I last saw the deceased alive on 23 Nov., 1953 and that death occurred at 12:20 p m., from the causes and on the date stated above.

23a. SIGNATURE: James G. Miller (Degree or title) D.O.
23b. ADDRESS: Jefferson City, Mo.
23c. DATE SIGNED: 25 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 4/1953
24c. NAME OF CEMETERY OR CREMATORY: Longview
24d. LOCATION (City, town, or county) (State): Cole County Mo.

DATE REC'D BY LOCAL REG.: Dec 4-1953
REGISTRAR'S SIGNATURE: R P Harris MD - MRU
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: J.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 3641

P. O. Address .....

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.