

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43504**

FILED JAN 5 1954 REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3096 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Aurora</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marionville</b>	
c. LENGTH OF STAY (in this place) <b>1 week</b>		d. STREET ADDRESS (If rural, give location) <b>Center Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Aurora Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Maude</b>	b. (Middle) <b>B.</b>	c. (Last) <b>Coleman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 27, 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Feb. 25, 1890</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>2</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Hodges Park, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Harry Brown</b>	13b. MOTHER'S MAIDEN NAME <b>Addie Groat</b>	14. NAME OF HUSBAND OR WIFE <b>Byron R. Coleman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b></b>	ADDRESS <b></b>
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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 <b>7 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertensive heart disease</b> DUE TO (c) <b>dissecting aortic aneurysm</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral Hemorrhage 1947</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>443X</b>	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) <b>Lawrence, Mo.</b>
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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?
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22. I hereby certify that I attended the deceased from **1945** to **Dec. 27, 1953** that I last saw the deceased alive on **Dec. 27, 1953** and that death occurred at **3:40 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. P. Coyette M.D.</b>	(Degree or title)	23b. ADDRESS <b>Aurora, Mo.</b>	23c. DATE SIGNED <b>12-28-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 29, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Marionville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-29-53</b>	REGISTRAR'S SIGNATURE <b>Ora McRatt</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. B. Durridge</b>	ADDRESS <b>Marionville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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05500

FEB 15 1955

OCT 10 1952

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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 \_\_\_\_\_

*Herman Purridge*

Licensed Embalmer No. 3072

P. O. Address. Marionville, Mo

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.