

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006

**1. PLACE OF DEATH**

a. COUNTY Boone

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Columbia

c. LENGTH OF STAY (in this place) town(ship)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 203 Fourth Ave.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Boone

c. CITY OR TOWN Columbia

d. Is Residence within limits of a city or incorporated town? Yes  No

e. STREET ADDRESS (If rural, give location) 203 Fourth Ave. 01050

**3. NAME OF DECEASED**

a. (First) MATTIE b. (Middle) TEASDALE c. (Last) COLEMAN

**4. DATE OF DEATH** (Month) (Day) (Year)  
May 23, 1954

**5. SEX** Female

**6. COLOR OR RACE** White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)**  
Never Married

**8. DATE OF BIRTH** May 16, 1866

**9. AGE** (In years last birthday) 88

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) At Home

**10b. KIND OF BUSINESS OR INDUSTRY** -----

**11. BIRTHPLACE** (City and State or Foreign Country) Boone County, Missouri.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Robert Lafayette Coleman

**13b. MOTHER'S MAIDEN NAME** Nannie Powell

**14. NAME OF HUSBAND OR WIFE** -----

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) No

**16. SOCIAL SECURITY NO.** -----

**17. INFORMANT'S SIGNATURE OR NAME** Gussie Coleman, 203 Fourth Ave. Columbia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) myocarditis, chronic  
arteriosclerosis

**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.

**INTERVAL BETWEEN ONSET AND DEATH** 2 days

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**

**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 April 1, 1954, to May 23, 1954, that I last saw the deceased alive on May 20, 1954, and that death occurred at 1:15 a. m., from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree or title) James A. Palmer

**23b. ADDRESS** Columbia, Missouri

**23c. DATE SIGNED** May 24, 1954

**24. BURIAL, CREMATION, REMOVAL (Specify)** Burial

**24b. DATE** May 25, 1954

**24c. NAME OF CEMETERY OR CREMATORY** Columbia Cemetery

**24d. LOCATION (City, town, or county)** Columbia, Missouri.

**DATE REC'D BY LOCAL REG.** May 25 1954

**REGISTRAR'S SIGNATURE** Mrs. R.E. Palmer

**25. FUNERAL DIRECTOR'S SIGNATURE** Parker Funeral Service, Columbia, Mo.

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

MS AUG 7 8 1967

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.....  
Signature of Student Embalmer

Signed *Jar Phillips*

Licensed Embalmer No. 489

P. P. Address Columbia

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.