

No. 300
00.48

FILED JUL 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23557

State File No.

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Mt. Vernon</u>)	c. LENGTH OF STAY (in this place) township) <u>121 days</u>	c. CITY OR TOWN <u>Columbia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>		STREET ADDRESS (If rural, give location) <u>108 S. 10th Street</u>	

3. NAME OF DECEASED (Type or Print)
a. (First) Elizabeth Ann b. (Middle) Coleman c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) July 15, 1954

5. SEX Female / 6. COLOR OR RACE White 7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 8. DATE OF BIRTH August 14, 1927 9. AGE (In years last birthday) 26 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) Student Nurse 10b. KIND OF BUSINESS OR INDUSTRY Student 11. BIRTHPLACE (City and State or Foreign Country) Centralia, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Clarence Harold Coleman 13b. MOTHER'S MAIDEN NAME Springer 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. 491-24-2278 17. INFORMANT'S SIGNATURE OR NAME San. records, Mo.S.S., Mt. Vernon, Mo. ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Far Advanced Pulmonary tuberculosis MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH abt. 6 1/2 yrs.
*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 DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 _____ 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) 002 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 3-15-, 1954, to 7-15-, 1954, that I last saw the deceased alive on 7-15-54, 1954, and that death occurred at 4:10a m., from the causes and on the date stated above.

23a. SIGNATURE C. Brushman, M.D. (Degree or title) 23b. ADDRESS Mt. Vernon, Missouri 23c. DATE SIGNED 7-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 7-15-54 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) Columbia, Mo.

DATE REC'D BY LOCAL REG. 7-15-54 REGISTRAR'S SIGNATURE Cecil Hardwick 41120 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Max L. Fossett, Mt. Vernon Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 28 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.....
Signature of Student Embalmer

Signed *Max L. Fossett*.....

Licensed Embalmer No. *432*.....

P. O. Address *M. K. ...*.....

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.