

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33485**

FILED NOV 10 1954

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>103</u>		PRIMARY REG. DIST. NO. <u>4175</u>		Registrar's No. <u>11</u>			
1. PLACE OF DEATH a. COUNTY <u>Lumpkin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Lumpkin</u>					
b. CITY OR TOWN <u>Hammersville MO</u>		c. LENGTH OF STAY (in this place) <u>25 years</u>		c. CITY OR TOWN <u>Hammersville</u>		d. STREET ADDRESS (If rural, give location) <u>0350</u>			
3. NAME OF DECEASED (Type or Print) <u>CORNELLIA ANN. COLEMAN.</u>				4. DATE OF DEATH <u>10-24-1954</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>1-23-1865</u>			
9. AGE (In years last birthday) <u>89</u>		10. KIND OF BUSINESS OR INDUSTRY <u>retired house wife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Deerater Co Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Jim Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Daugherty</u>		14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Coleman</u> ADDRESS <u>Hammersville MO</u>					
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) <u>Pneumonia bronchial</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Fracture lt femur</u> 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 <u>1 wk</u> <u>2 wks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
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) <u>035</u>					
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					
22. I hereby certify that I attended the deceased from <u>Oct 20, 1954</u> to <u>Oct 24, 1954</u> , that I last saw the deceased alive on <u>Oct 24, 1954</u> , and that death occurred at <u>5:15 A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>E. M. Nobles, M.D.</u>				23b. ADDRESS <u>Senators</u>		23c. DATE SIGNED <u>Oct 27, 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10/25/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hammers Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hammersville MO</u>			
DATE REC'D BY LOCAL REG. <u>10/23/54</u>		REGISTRAR'S SIGNATURE <u>Bertha Kinsolving</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest T. S. Jamshagan</u> ADDRESS _____					

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

0350

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-9-54

COUNTY FILE NUMBER 11.54.293

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 W T Eames

Licensed Embalmer No. 352

P. O. Address Jamesboro OH

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.