

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14512

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <i>Adair</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Knop</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kirktonelle</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Colony</i>	
c. LENGTH OF STAY (in this place) <i>5 min.</i>		d. STREET ADDRESS (If rural, give location) <i>0520 / 1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Lula</i>	b. (Middle) <i>Ada</i>	c. (Last) <i>Coleman</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>May 10, 1955</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Sept 10, 1872</i>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <i>82 8 0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Green City, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Joseph Hannon</i>	13b. MOTHER'S MAIDEN NAME <i>Melinda Cunningham</i>	14. NAME OF HUSBAND OR WIFE <i>Herbert S. Coleman</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Lurena Coleman Colony, Mo</i>	ADDRESS <i>Colony, Mo</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>2 hours</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Ventricular Block</i>		
	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. <i>Pelvic Inflammation</i>		<i>1 week</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>4330</i>	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)
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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 *Apr 28, 1955* to *May 10, 1955*, that I last saw the deceased alive on *Apr 9, 1955*, and that death occurred at *4:45 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Neddo B. Dean MD</i>	(Degree of title)	23b. ADDRESS <i>Knop City, MO</i>	23c. DATE SIGNED <i>5/10/55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>5/12/1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Colony Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Colony, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>5-17-55</i>	REGISTRAR'S SIGNATURE <i>Kate Lambert</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Glenn J. LaBelle, mo.</i>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Meyer

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

J. Koder Jr.

Licensed Embalmer No. 4328

P. O. Address Ch. Belle, 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.