

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILED FEB 17 1956
94457-55

State File No. 391
Registrar's No.

BIRTH NO. 16205 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Gashland, Mo.	
c. LENGTH OF STAY (in this place) Life		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 St. Mary's Hosp.		• STREET ADDRESS (If rural, give location) Rural route #2	

3. NAME OF DECEASED (Type or Print) a. (First) Anne b. (Middle) Frances c. (Last) Coleman			4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child	
8. DATE OF BIRTH Dec. 30, 1955		9. AGE (In years last birthday) 4		10. IF UNDER 1 YEAR IF UNDER 14 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Leland L. Coleman		13b. MOTHER'S MAIDEN NAME Bernetta Armstrong		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 ADDRESS Leland L. Coleman R.R. #2-Gashland, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Voluntarily of small Anterior - & Prematurity		INTERVAL BETWEEN ONSET AND DEATH 18 hours	
		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. no malformation			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Voluntarily of large amt of small Anterior -		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 **Dec 30, 1955**, to **Jan 27, 1956**, that I last saw the deceased alive on **Jan 26, 1956**, and that death occurred at **5:45 A.M.** on the causes and on the date stated above.

23a. SIGNATURE Edson D. Carrier (Degree or title) MD		23b. ADDRESS 2420 E. Lynn St. Okla.		23c. DATE SIGNED 1/27/56	
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24a. BURIAL CREMATION (REMOVAL) (Specify) Burial		24b. DATE Jan. 28, 1956		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) (State) Hickman Mills, Mo.	
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DATE REC'D BY LOCAL REG. 1-28-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas E. Quirk 4316 Troost Ave.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1001-3434

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..... [Handwritten Signature]

Licensed Embalmer No. 337

P. O. Address.....

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.