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THE DIVISION OF HEALTH OF MISSOURI

FILED JUN 18 1956

STANDARD CERTIFICATE OF DEATH

State File No. 21220

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5763 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Philadelphia, Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Philadelphia (Union)</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Victor</u> b. (Middle) <u>Marion</u> c. (Last) <u>Coleman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1956</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Aug 12, 1899</u>		9. AGE (In years last birthday) <u>56</u>		10. MONTHS <u>9</u> DAYS <u>7</u> HOURS <u>0</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Marion Co., Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Chancey Coleman</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Hathaway</u>		14. NAME OF HUSBAND OR WIFE <u>Inez Coleman</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>493-28-5565</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Inez Coleman</u> ADDRESS <u>Philadelphia, Mo</u>	
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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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hour</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ 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.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>4201</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 May 19, 1956, to May 19, 1956, that I last saw the deceased alive on May 19, 1956, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. H. Hill M.D.</u>		23b. ADDRESS <u>Palmyra Mo</u>		23c. DATE SIGNED <u>5/26/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 22, 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Philadelphia</u>	
24d. LOCATION (City, town, or county) (State) <u>Philadelphia Mo.</u>					

DATE REC'D BY LOCAL REG. <u>5-28-56</u>		REGISTRAR'S SIGNATURE <u>W. G. M. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Philadelphia, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 15 1956
MARION CO. HEALTH DEPT.,
DATE FILED JUN 15 1956

JUN 20 1956

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 _____

Licensed Embalmer No. 3720

P. O. Address _____
Marion Co

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.