

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26409

State File No.

FILED AUG 20 1956

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5330 Registrar's No. 23

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

| | | | |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>CRAWFORD</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-OSAGE TWP.</u> | | c. LENGTH OF STAY (In this place) <u>75 YRS</u> | c. CITY OR TOWN <u>RURAL</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 M. No. of DAVISVILLE, Mo.</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>OTIS</u> b. (Middle) <u>FIELDING</u> c. (Last) <u>COLEMAN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 1, 1956</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>JULY 22, 1881</u> |
| 9. AGE (In years last birthday) <u>75</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>DAVISVILLE, Mo.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>JOHN C. COLEMAN</u> | | 13b. MOTHER'S MAIDEN NAME <u>ELIZABETH TINKER</u> | 14. NAME OF HUSBAND OR WIFE <u>LILA COLEMAN</u> |
| 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>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LILA COLEMAN - DAVISVILLE 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>Coronary thrombosis</u> ANTECEDENT CAUSES <u>Arteriosclerotic heart disease</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. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21. ACCIDENT SUICIDE HOMICIDE (Specify) | |
| 21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u> | |
| 21c. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21e. HOW DID INJURY OCCUR? | | 22. I hereby certify that I attended the deceased from <u>7-18, 1956</u> , to <u>8-1, 1956</u> that I last saw the deceased alive on <u>7-22, 1956</u> and that death occurred at <u>1:20 P. M.</u> , from the causes and on the date stated above. | |
| 23. SIGNATURE (Degree or title) <u>A. R. Baumann M.D.</u> | | 23b. ADDRESS <u>Steelville, Missouri</u> | |
| 23c. DATE SIGNED <u>8-14-56</u> | | 24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | |
| 24a. DATE <u>AUG. 4, 1956</u> | | 24b. NAME OF CEMETERY OR CREMATORY <u>CHERRYVILLE CEMETERY</u> | |
| 24c. LOCATION (City, town, or county) (State) <u>CHERRYVILLE, Mo.</u> | | 24d. DATE REC'D BY LOCAL REG. <u>8/18/56</u> | |
| 24e. REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lechner</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thames & Helms - STEELVILLE, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

505
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AUG 21 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.....
Signature of Student Embalmer

Signed *Thomas J. Halbert*

Licensed Embalmer No. *4332*

P. O. Address *Stelville*

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.