

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 14 1957

STANDARD CERTIFICATE OF DEATH

12763
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 426

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Washington, b. COUNTY D.C.									
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Washington, D.C.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners			Length of stay in lb 23Yr 7Mo 2Days		d. STREET ADDRESS (If outside, give location)		Side on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) Marcellus				First Marcellus Middle Last Coles		4. DATE OF DEATH Month May Day 2, Year 1957							
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH December 22, 1881		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days 		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber			10b. KIND OF BUSINESS OR INDUSTRY Varied		11. BIRTHPLACE (City and state or country) Chatan, Virginia			12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME Unknown					14. MOTHER'S MAIDEN NAME Unknown								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None.		17. INFORMANT FILE: MCFP Springfield, Missouri								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Secondary iliac vein thrombosis DUE TO (c) Schizophrenia, paranoid PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 466X										INTERVAL BETWEEN ONSET AND DEATH 2 hrs 7 days			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) *****										
20c. TIME OF INJURY Hour ***** a. m. ***** Month, Day, Year ***** p. m. *****			*****										
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) *****		20f. CITY, TOWN, OR LOCATION *****			COUNTY *****		STATE *****				
21. I attended the deceased from The Medical Staff September 30, 1933 to 5-2-57 and last saw him live on 5-2-57 Death occurred at 8:03 a. m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE E. C. RINCK, M.D. Clinical Director				22b. ADDRESS Medical Center for Federal Prisoners, Springfield				22c. DATE SIGNED 5-3-57					
23a. BURIAL, CREMATION, etc. (Specify) Burial		23b. DATE 5/7/57		23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery		23d. LOCATION (City, town, or county) Springfield, Mo		(State) Mo					
24. FUNERAL DIRECTOR FYRE-GOODWIN, Inc Springfield				ADDRESS Mo		25. DATE RECD. BY LOCAL REG. 5-8-57		26. REGISTRAR'S SIGNATURE Edith Williamson					

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 *Levin T. Swadley*
Licensed Embalmer No. *48*

P. O. Address *Spring*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.