

Dr. F.W. Cooke

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 2 2 0 4 0

STATE FILE NUMBER

FILED JUL 10 1957

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 105

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Remuscot	a. STATE	Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only)	Hayti	b. COUNTY	Remuscot
OR TOWN	Hayti	c. CITY OR TOWN	Hayti, Mo
c. FULL NAME OF HOSPITAL OR INSTITUTION	(NOT in hospital, give location)	d. STREET ADDRESS	(If outside, give location)
Length of stay in 1b		Reside on Farm	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
John Coleman			June 13, 1957		
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR
Male	Negro	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	July 8, 1890	66	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?		
Retired Day Labourer		Hayti, Miss	USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Johnny Coleman		Fannie ?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If yes, give war or dates of service)				Ella Mae Mc Kinney Hayti, Mo	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		1 hour
DUE TO (b)		
DUE TO (c)		
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4201		

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					
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 3 Jan 1957 to 13 June 1957 and last saw him alive on 13 June 1957	
Death occurred at 5:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE	(Degree or title)	22b. ADDRESS	22c. DATE SIGNED
F. W. Cooke	MD	Caruthersville, Mo	6/24/57

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)
Burial	6-16-57	Oak Grove Cemetery	Steele, Mo	

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
John H. German	Hayti, Mo	6-25-57	John H. German

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard form. Coroner cannot certify to a death due to natural causes. 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

Health, Welfare, Public Service

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7-187-57

JUL 27 1957

JUL 9 1957

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *John H. Germa*

Licensed Embalmer No. *43*  
P. O. Address *Wayte*

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.