

FILED NOV 4 1957

Registration District No.

140

Primary Registration District No.

5546

Registrar's No.

99

S. 300
1-573

1. PLACE OF DEATH a. COUNTY <i>Howard</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Boon</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Franklin Twp</i>		c. CITY OR TOWN <i>Columbia</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Highway #40</i>		d. STREET ADDRESS (If outside, give location) <i>9 South 1st St.</i>	
3. NAME OF DECEASED (Type or print) First <i>HAROLD</i> Middle <i>A</i> Last <i>COLEMAN</i>		4. DATE OF DEATH Month <i>Oct.</i> Day <i>27</i> Year <i>1957</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan 27 - 1925</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Garage attendant</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Sedalia, Mo.</i>
13a. FATHER'S NAME <i>Harry C. Coleman</i>		13b. MOTHER'S MAIDEN NAME <i>Maggie Warren</i>	14. NAME OF HUSBAND OR WIFE <i>Rosie Mae Coleman</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes W.W.I.</i>		16. SOCIAL SECURITY NO. <i>487-22-2398</i>	17. INFORMANT <i>Maggie Coleman, Columbia, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture of neck</i> <i>Crushed skull</i> DUE TO (b) <i>multiple lacerations</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>Immediate</i>
20a. ACCIDENT <input checked="" 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.) <i>Car wreck</i>	
20c. TIME OF DEATH Hour <i>12:30 PM</i> Month <i>Oct</i> Day <i>27</i> Year <i>57</i> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway</i>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>New Franklin</i> COUNTY <i>Howard</i> STATE <i>MO</i>	
21. I attended the deceased from Death occurred at <i>12:30 PM</i> on <i>Oct 27 - 57</i> and last saw him <i>alive on Oct 27 - 57</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. S. Brown</i> (Degree or title) <i>M.D. Crown</i>		22b. ADDRESS <i>Fayette, Mo</i>	
22c. DATE SIGNED <i>10-29-57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Oct. 31 - 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	23d. LOCATION (City, town, or county) (State) <i>Columbia, Mo.</i>
24. FUNERAL DIRECTOR <i>Mrs. Stuart Parker, Columbia, Mo.</i> 10 N. 4th St.		25. DATE RECD. BY LOCAL REG. <i>10-29-57</i>	26. REGISTRAR'S SIGNATURE <i>Mary K. Shell</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

NOV 18 1954

MAR 13 1958
NOV 19 1957

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 *George P. ...*

Licensed Embalmer No. 4220

P. O. Address *Muchally, Mo.*

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.