

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
102

Registration District No. 149 Primary Registration District No. 1007 Registrar's No.

Health, Welfare Public Service

300 6
1-57

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|---|------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General #2 | | Length of stay in lb 16 yea. | d. STREET ADDRESS (If outside, give location) 910 Woodland |
| 3. NAME OF DECEASED (Type or print) Leonard Coleman, Jr. | | 4. DATE OF DEATH January 5, 1958 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 18, 1930 |
| 9. AGE (In years last birthday) 27 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pin setter | 11. BIRTHPLACE (City and state or country) Tiptonville, Tennessee |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pin setter | | 10b. KIND OF BUSINESS OR INDUSTRY Bowling Alley | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME Leonard Coleman, Sr. | | 13b. MOTHER'S MAIDEN NAME Stella Glover | 14. NAME OF HUSBAND OR WIFE none |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or range of service) 1948-1952 | | 16. SOCIAL SECURITY NO. unk. | 17. INFORMANT Address C. E. Sims 910 Woodland |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Alcoholic polyneuritis with malnutrition and dehydration. Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } 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) | | | INTERVAL BETWEEN ONSET AND DEATH 32 200 |
| 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 Month, Day, Year a.m. 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 1-4-58 to 1-5-58 and last saw her alive on 1-5-58 Death occurred at 6:15 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE W. R. Peterson M.D. (Degree or title) | | 22b. ADDRESS 600 East 22nd Street | |
| 22c. DATE SIGNED 1-8-58 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1-15-58 | 23c. NAME OF CEMETERY OR CREMATORY B.H. Leavenworth Cem. B.H. Leavenworth | 23d. LOCATION (City, town, or county) (State) Mo. |
| 24. FUNERAL DIRECTOR E. Sterling Kille 1212 Olive | | 25. DATE RECD. BY LOCAL REG. 1-8-58 | 26. REGISTRAR'S SIGNATURE neva mindall |

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.

W. R. Peterson

MAR 31 1958

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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 *E. Sterling Bell*

Licensed Embalmer No. *3178*

P. O. Address *12120...*

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.