

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009386
State File No.

FILED APR 2 1958

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u>		b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (In this place) <u>5 wks</u>		c. CITY OR TOWN <u>Clarkton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dun. Co. Memorial</u>		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
		e. STREET ADDRESS (If rural, give location) <u>0350</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>		b. (Middle) <u>Coleman</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>3-27-58</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>12-15-1875</u>	
9. AGE (In years last birthday) <u>82</u>		Months <u>3</u>		Days <u>15</u>		IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agri</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>TENN</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>William Coleman</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Blaylock</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Max Coleman</u>	
				ADDRESS <u>Clarkton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 wks.</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 21 Feb, 1958, to 3-27, 1958, that I last saw the deceased alive on 3-27, 1958, and that death occurred at 3:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. H. Zimmerman, M.D.</u>		23b. ADDRESS <u>Kennett Mo.</u>		23c. DATE SIGNED <u>29 MAR 58</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-29-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>		24d. LOCATION (City, town, or county) (State) <u>Clarkton, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>3-29-58</u>		REGISTRAR'S SIGNATURE <u>Carol Huskay</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold McDaniel</u>		ADDRESS <u>Kennett</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

70

MAY 16 1958

MAY 16 1958
MAY 26 1958

RECEIVED DUNKIN COUNTY HEALTH
DEPARTMENT 3-30-58
COUNTY FILE NUMBER 358-82

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: *Hubert B. Baird*

Licensed Embalmer No. 4888

P. O. Address *Wmott 11*

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.