

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033329

STATE FILE NUMBER

FILLED SEP 22 1958

Registration District No. 164

Primary Registration District No. 3-03-2

Registrar's No. 112

300  
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Warrensburg, TWP</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Rural, Warrensburg, #3</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Residence, R.R.#</i>		Length of stay in lb <i>Life</i>	d. STREET ADDRESS (If outside, give location) <i>R.R. #3, Warrensburg, Mo</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>WILLIAM COLEMAN</i>			4. DATE OF DEATH Month Day Year <i>September 17, 1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</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>January 17, 1885</i>
9. AGE (In years just birthday) <i>73</i>		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) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>General Farming,</i>	11. BIRTHPLACE (City and state or country) <i>Johnson County, Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Frank Coleman</i>	
13b. MOTHER'S MAIDEN NAME <i>Elizabeth Shumate</i>		14. NAME OF HUSBAND OR WIFE <i>Mrs. Etta Coleman,</i>	
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. <i>497-42-5161</i>	17. INFORMANT Address <i>Mrs. Etta Coleman, Warrensburg, R.R.#, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <i>Arteriosclerotic heart disease</i> DUE TO (c) <i>4200</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i> <i>years</i>
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"/>
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 Death occurred at <i>8:00 Pm</i> on <i>8:00</i> to <i>9-17-58</i> and last saw him alive on <i>9-17-58</i>			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>M.D.</i>		22b. ADDRESS <i>Warrensburg, Missouri</i>	22c. DATE SIGNED <i>9-18-1958</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>9-30-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Adams Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Johnson County, Missouri</i>
24. FUNERAL DIRECTOR <i>R.A. Brauning, Warrensburg, Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>Sept. 19, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Suzannah Cuthbert</i>

