

**URL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS OCT 26 1959 88

**59-035643**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 4151 Registrar's No. 40

ENDED

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Crawford</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Steelville</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	c. CITY OR TOWN <u>Steelville</u>
Length of stay in 1b <u>29 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NW Part of Steelville</u>		d. STREET ADDRESS (If outside, give location)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

<b>3. NAME OF DECEASED</b> (Type or print)	First <u>CORA</u>	Middle <u>Coleman</u>	Last <u>Coleman</u>	<b>4. DATE OF DEATH</b>	Month <u>10</u>	Day <u>20</u>	Year <u>1959</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>4-11-77</u>	<b>9. AGE (last birthday)</b> <u>82</u>	<b>IF UNDER 1 YEAR</b>	<b>IF UNDER 24 HR</b>
					Months <u>6</u> Days <u>9</u> Hours <u></u> Min. <u></u>	

<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Scotia, Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A</u>
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<b>13a. FATHER'S NAME</b> <u>Ben Lea</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Caroline Smith</u>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT</b> <u>William Lea</u>	<b>Address</b> <u>Leasburg, Mo.</u>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
IMMEDIATE CAUSE (a)	<u>Senile debility</u>	<u>2 wks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Encephalomalacia</u>	<u>4 yrs</u>
	DUE TO (c) <u>Arteriosclerosis</u>	<u>6 "</u>

<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a)	<b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour _____ s.m. _____ p.m. _____	Month, Day, Year _____
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<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
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21. I attended the deceased from 1943 to Oct. 19, 1959 and last saw her alive on Oct. 19, 1959  
Death occurred at 8:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>[Signature]</u>	<b>22b. ADDRESS</b> <u>Steelville</u>	<b>22c. DATE SIGNED</b> <u>10/23/59</u>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DATE</b> <u>10-22-59</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>steelville</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Steelville Mo.</u>
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<b>24. FUNERAL DIRECTOR</b> <u>Harry M. Jones</u>	<b>ADDRESS</b> <u>steelville</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>10/24/59</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Mrs. Hazel Lichius</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Harry M. Jones

Licensed Embalmer No. 2628

P. O. Address Steelville

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.