

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-043169

STATE FILE NUMBER

FILED VS DEC 3 1959

Registration District No. 329

Primary Registration District No. 6252 625T

Registrar's No. 4

V. S. 300
Rev. 1-57

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
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 Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Millspring Township		c. CITY OR TOWN Millspring Township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home County J		d. STREET ADDRESS (If outside, give location) County Highway J	
3. NAME OF DECEASED (Type or print) First Middle Last Charles Vernon Coldman		4. DATE OF DEATH Month Day Year Nov. 14 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 31 1959
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 2 14
11. BIRTHPLACE (City and state or country) Millspring (Rural) Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Joey Coldman		13b. MOTHER'S MAIDEN NAME Georgia Maddox Coldman	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address RR 1 Millspring Mo. Mrs. Georgia Coldman	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation			INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating 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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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.) Home	
		20f. CITY, TOWN, OR LOCATION RFD Mill Spring Wayne Mo	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Morvent E. Fowler Coronar 3		22b. ADDRESS Bedmont Mo	
		22c. DATE SIGNED 11/24/1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-16-59	
23c. NAME OF CEMETERY OR CREMATORY Holliday Cem.		23d. LOCATION (City, town, or county) (State) Williamsville Mo.	
24. FUNERAL DIRECTOR William Roder Redmont		25. DATE RECD. BY LOCAL REG. 11/30/59	
		26. REGISTRAR'S SIGNATURE Shirley Louelace	

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 *Coder Funeral Home*, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *William Coder*

Licensed Embalmer No. *3223*

P. O. Address *Piedmont, 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.