

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010325

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. \_\_\_\_\_ Registrar's No. 118

FILED APR 5 1961

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ST FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DE KASSUS, ST. FRANCIS TWP</u>		c. CITY OR TOWN <u>BLOOMSDALE</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HIGHWAY W.</u>		d. STREET ADDRESS (If outside, give location) <u>STAR ROUTE</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JUNIOR RAY COLEMAN</u>		4. DATE OF DEATH Month Day Year <u>MARCH 25 1961</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/9/30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>30</u>
11. BIRTHPLACE (City and state or country) <u>LESTERVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>ORVILLE M. COLEMAN</u>		13b. MOTHER'S MAIDEN NAME <u>BONNIE MAPLE HICKMAN</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Orville M. Coleman Bloomsdale Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Auto accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>D.O.A.</u>
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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.) <u>Head on auto accident</u>	
20c. TIME OF INJURY Hour <u>9:47</u> p.m. Month, Day, Year <u>3-25-61</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HWY W 2.1 mi west</u>	20f. CITY, TOWN, OR LOCATION <u>Farmington</u>	COUNTY STATE <u>St Francis MO.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>9:47</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ted Boyer</u>		22b. ADDRESS <u>Bonnie Tene Mo</u>	22c. DATE SIGNED <u>3-27-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>3/28/61</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>CONCORD</u>	23d. LOCATION (City, town, or county) <u>ST. GENEVIEVE CO. MO</u>
24. FUNERAL DIRECTOR <u>Sec. C. Basher</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 27, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Gather Rulloff</u>

403-329329

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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 Les E. Basler

Licensed Embalmer No. 1985

P. O. Address St. Lawrence

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.