

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-51-029896

STATE FILE NUMBER

AMENDED

Registration District No. 163 Primary Registration District No. 5593 Registrar's No. 47

FILED AUG 23 1961

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Plattin		Length of stay in lb 4 months	c. CITY OR TOWN DeSoto, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rose Hill N. H.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 507 Cedar St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOSEPH Middle ANTCINE Last COLEMAN			4. DATE OF DEATH Month Aug. Day 17 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-6-1878	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Old Mines, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Mathew Coleman		13b. MOTHER'S MAIDEN NAME Lucy Boyer		14. NAME OF HUSBAND OR WIFE Sarah Coleman	
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. *****		17. INFORMANT Nelson J. Coleman DeSoto, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arterio-sclerosis					INTERVAL BETWEEN ONSET AND DEATH years
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) Fracture left hip July 27, 61				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 checked="" type="checkbox"/> NO <input 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.) Fall on running bone.			
20c. TIME OF INJURY Hour _____ p.m. _____ Month, Day, Year July 27, 61		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Road Hill Nursing Home Route Festus Jefferson Mo.	
20f. CITY, TOWN, OR LOCATION DeSoto, Mo.		20g. COUNTY Jefferson		20h. STATE Mo.	
21. I attended the deceased from June 13, 1958 to Aug 17, 61 and last saw her/him alive on Aug 14, 1961 Death occurred at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Marvin Hoffmeyer M.D.			22b. ADDRESS DeSoto, Mo.		22c. DATE SIGNED Aug 18, 61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-19-1961	23c. NAME OF CEMETERY OR CREMATORY Calvary		23d. LOCATION (City, town, or county) (State) DeSoto, Mo.	
24. FUNERAL DIRECTOR MAHN FUNERAL HOME DESOTO. MO.			25. DATE RECD. BY LOCAL REG. Aug. 21-1961		26. REGISTRAR'S SIGNATURE Marie Harris

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

AUG 31 1961

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 Sherald J. Mahr

Licensed Embalmer No. 4975

P. O. Address D-28070, etc

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.