

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031664

STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 48

AMENDED

<p>FILED DEATH 6 1961</p> <p>a. COUNTY <u>Washington</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo</u> b. COUNTY <u>Washington</u></p>			
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Potosi</u></p>		<p>Length of stay in 1b <u>7 yrs</u></p>	<p>c. CITY OR TOWN <u>Potosi</u></p>		
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home</u></p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>d. STREET ADDRESS (If outside, give location) <u>106 Clara St.</u></p>		
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>John Peter Coleman</u></p>			<p>4. DATE OF DEATH Month Day Year <u>Sept 2 1961</u></p>		
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>6/20/86</u></p>	<p>9. AGE (last birthday) <u>75</u></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Mines</u></p>	<p>11. BIRTHPLACE (City and state or country) <u>Old Mines, Mo.</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>	
<p>13a. FATHER'S NAME <u>John R. Coleman</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Emma F. Boyer</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Mary F. Coleman</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u></p>			<p>17. INFORMANT Address <u>John Coleman De Soto, Mo.</u></p>		
<p>18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c). PART I. DEATH WAS CAUSED BY: () IMMEDIATE CAUSE (a) <u>Bronchial Pneumonia following Cerebral Thrombosis</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p>				<p>INTERVAL BETWEEN ONSET AND DEATH</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>				<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>			
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY STATE</p>	
<p>21. I attended the deceased from <u>Aug. 10</u> to <u>Sept. 2/61</u> and last saw him alive on <u>9/2/61</u>. Death occurred at <u>1:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE (Degree or title) <u>Ed. Hesselwell MD</u></p>			<p>22b. ADDRESS <u>Potosi Mo</u></p>		<p>22c. DATE SIGNED <u>9/5/61</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>9/5/61</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>St. James</u></p>		<p>23d. LOCATION (City, town, or county) <u>Potosi Mo</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>Gum & Son Potosi Mo</u></p>			<p>25. DATE RECD. BY LOCAL REG. <u>9/5/61</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Robert Kendall</u></p>

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 12 1961

SEP 8 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 William H. Gunn, Student Embalmer No. 616
working under my personal supervision.

Student William H. Gunn
Signature of Student Embalmer

Signed

Bert K. Boyer

Licensed Embalmer No. 3441

P. O. Address Ladwood 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.