

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-031354**

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1063

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 9 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Buchanan</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Length of stay in lb <u>15 yrs.</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Buch.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri Methodist</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>228 W. Missouri Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Gray</u> Last <u>Coleman</u>			4. DATE OF DEATH Month <u>August</u> Day <u>31</u> Year <u>1963</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/2/32</u>	9. AGE (last birthday) <u>30</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
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 _____		11. BIRTHPLACE (City and state or country) <u>Omaha, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Nathaniel Coleman</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Flossie Coleman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT Address <u>Flossie Coleman - 228 W. Missouri</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) _____			DUE TO (b) <u>Inevitable shock and multiple perforations of jejunum with acute peritonitis</u>			<u>10 min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>gunshot wound of abdomen</u>			_____			<u>4 hours</u>	
_____			_____			<u>4 hours</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>gunshot wound of left thigh - 4 hours.</u>					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 type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>justifiable was shot by another man.</u>			
20c. TIME OF INJURY Hour <u>6</u> Month, Day, Year <u>8 31 63</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>W. Mo. Ave. Salem</u>		20f. CITY, TOWN, OR LOCATION <u>St. Joseph</u>		COUNTY <u>Buchanan</u>	STATE <u>Mo.</u>	
21. I attended the deceased from <u>8-31-63</u> to <u>8-31-63</u> and last saw her/him alive on <u>8-31-63</u> . Death occurred at <u>12 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Thompson P. Potter, M.D.</u>			22b. ADDRESS <u>731 Faxon St SA St. Joseph, Mo.</u>			22c. DATE SIGNED <u>9-3-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-5-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ashland</u>		23d. LOCATION (City, town, or county) <u>St. Joseph</u>		(State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Beatrice Gray</u> ADDRESS <u>812 Pacific</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 4, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Wm. Clark Goodell</u>			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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I.F. Potter, M.D.

SEP 10 1963

SEP 12 1963

211  
211  
8-1-4

Vertical stamp or text on the right edge.

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 Eugene Miles

Licensed Embalmer No. 3623

P. O. Address Atchison, Kansas  
Box 317

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.

Small circular mark or stamp at the bottom right.