

FILED NOV 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33858
State File No.

Registration District No. 46 Primary Registration District No. 5153 Registrar's No. 59

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Rural Kingston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community all his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Caldwell
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Kingston township
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Samuel Coulam

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race wh.
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rachael Coulam
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased April 14 - 1884
(Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Caldwell Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER
12. Name John P. Coulam
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann Dixon
15. Birthplace Ill. England
(City, town, or county) (State or foreign country)

16. (a) Informant J. A. Coulam
(b) Address Palemo

17. (a) Burial (b) Date thereof 10-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prain's Budge

18. (a) Signature of funeral director A. Spangh & Cowley
(b) Address Palemo

19. (a) Nov 1 - 1944 (b) Domine Jacobs
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 9 day 28 27
year 1944 hour 10 minute 0 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on heard Oct 28, 191944
and that death occurred on the date and hour stated above.

Immediate cause of death Drainage
on well on farm
found dead Oct 28

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
E. A. Thompson Coroner

Major findings: _____
Of operations _____
Of autopsy inspected

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence Oct 27
(c) Where did injury occur? In well on farm
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm

While at work? _____ (Specify type of place)
(a) Means of injury Coroner

23. Signature E. A. Thompson (M. D. or other)
Address Breakensidge M Date signed Oct 28 - 44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3300

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.