

FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35967

Registrar's No. 26

BIRTH NO.		REG. DIST. NO. 359		PRIMARY REG. DIST. NO. 4526	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheldon</u>		c. LENGTH OF STAY (in this place) <u>35 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sheldon</u>		1080
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			d. STREET ADDRESS (If rural, give location) <u>5</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>IVAN</u>			b. (Middle) <u>(N)</u>	c. (Last) <u>COULTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 11, 1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Art. 8 1869</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Fredericktown, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Mose Coulter</u>		13b. MOTHER'S MAIDEN NAME <u>Samah Coulter</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Lewis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Emma Coulter Sheldon Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post Syngnial Apnea</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>4222</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-15</u> , 19 <u>50</u> , to <u>10-13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-12</u> , 19 <u>50</u> , and that death occurred at <u>6:05 AM</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>G. Bannister, M.D.</u> (Degree or title)			23b. ADDRESS <u>Sheldon Mo</u>		23c. DATE SIGNED <u>10-13-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 14 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dunnigan Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Sheldon Vernon Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct 16 1950</u>	REGISTRAR'S SIGNATURE <u>Mr Ruth Faith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Conrad Deery</u>		ADDRESS <u>Sheldon Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED

OCT 24 1950

Dist. File

1050-2156

Date Filed

10-25-50

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

Student Embalmer

Signed L. Gerald Beeny

Licensed Embalmer No. 4203

P. O. Address Stelton, N.J.

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.