

FILED FEB 17 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 4697

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>503</u>
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>lmo. 5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Drexel</u> <u>0199</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>		
3. NAME OF DECEASED a. (First) <u>JOHN</u> (Type or Print)		b. (Middle) <u>B.</u>		c. (Last) <u>COULTER</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>1872</u> <u>March 4, 1873</u>		9. AGE (In years less birthday) <u>78</u>		IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>U</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>David Coulter</u>		
13b. MOTHER'S MAIDEN NAME <u>Mary Jane Riley</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Coulter</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>542-28-1884</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alma Coulter, Drexel, Mo.</u> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Duodenal ulcer with pyloric obstruction followed by acute intestinal obstruction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Obstruction followed by acute intestinal obstruction</u>		
DUE TO (c) <u>Obstruction</u>		5410		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Obstruction</u>		
19a. DATE OF OPERATION <u>1-3-51</u> <u>1-17-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Duodenal Obstruction @ acute Intestinal Obstruction</u>		20. AUTOPSY? <u>12 days</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <u>Obstruction</u> (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>12-27, 1950</u> , to <u>2-1-51</u> , 19____, that I last saw the deceased alive on <u>2-1-51</u> , 19____, and that death occurred at <u>1 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>John H. Ogilvie</u> (Degree or title)		23b. ADDRESS <u>730 Prof Bldg</u>		23c. DATE SIGNED <u>2-2-51</u>
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>2/1/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>--</u>
24d. LOCATION (City, town, or county) (State) <u>Drexel, Missouri</u>		DATE REC'D BY LOCAL REG. <u>2-3-51</u>		
REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE &amp; McCLURE, Kansas City, Missouri</u> ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. John H. Ogilvie  
Prof. Biol. Bu 1480

Emery M. Placek

AUG 12 1936

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 \_\_\_\_\_

Herbert A. Jones

working under my personal supervision.

Student Embalmer No. 411

Signed Herbert A. Jones  
Student Embalmer

Signed Emery M. Placek

Licensed Embalmer No. 1848

P. O. Address 3235 Gullhorn Place

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.