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FILED JUL 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23429

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Carthage</u>	c. LENGTH OF STAY (In this place) <u>7 WKS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Golden City</u> <u>0060</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GRANT</u> b. (Middle) <u>LINCLON</u> c. (Last) <u>KOLTERMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 13, 1898</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Onega, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Albert Kolterman</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Zabal</u>		14. NAME OF HUSBAND OR WIFE <u>Gladys Kolterman</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Gladys Kolterman, Golden City, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC DECOMPENSATION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Wks.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>MYOCARDITIS, CHRONIC</u>		3 yrs	
		DUE TO (c) <u>Peptic Ulcer (Past perforation 1944)</u>		2 yrs	
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 May 31, 1951, to July 19, 1951, that I last saw the deceased alive on July 19, 1951, and that death occurred at 6:45 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul H. Pierre M.D.</u> (Degree or title)		23b. ADDRESS <u>Carthage, Mo</u>		23c. DATE SIGNED <u>July 19-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 22, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lockwood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lockwood, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Phillips Funeral Home</u>		ADDRESS <u>Golden City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-20-51</u>		REGISTRAR'S SIGNATURE <u>L.B. Clinton, M.D.</u>			

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

RECEIVED 7-25-51
Jasper County Health Office

County File Number 51/7/593
Date Filed 2-25-51

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 *H. B. Pugh*.....

Licensed Embalmer No. 3278

P. O. Address Golden City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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