

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 296

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>815 - St. Mary's</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George W.</u> b. (Middle) <u>Coulter</u> c. (Last) <u>Coulter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16 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>Sept 7 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil Distrib.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil business</u>	9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>7</u> IF UNDER 1 HOUR Hours <u>0</u> Min. <u>0</u>
11. BIRTHPLACE (State or foreign country) <u>Hermann, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Nathan Coulter</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Bessie Coulter</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Coulter</u> ADDRESS <u>815 - St. Mary's</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>Carcinoma of Breast</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastasis</u> DUE TO (c) <u>Carcinoma of rectum</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>154X</u>	
20. AUTOPSY? YES <input checked="" 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>1-19</u> , 19 <u>50</u> , to <u>11-16</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-16</u> , 19 <u>51</u> , and that death occurred at <u>3:35A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Chapman, M.D.</u> (Degree or title)		23b. ADDRESS <u>Jefferson City, Mo.</u>	
23c. DATE SIGNED <u>11/17/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>Nov. 18 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Callaway Co. Mo.</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>James L. ...</u> ADDRESS	
DATE REC'D BY LOCAL REG. <u>Nov. 20 - 51</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MD - MR.</u>	

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

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RECEIVED NOV 24 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed NOV 24 1951

**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 [Signature]

Licensed Embalmer No. 3641

P. O. Address [Signature]

**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.