

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19403

S. No. 300
v. 10-48

LED JUL 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>5775</u>		PRIMARY REG. DIST. NO. <u>5790</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton. RFD</u>		c. LENGTH OF STAY (In this place) <u>60 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Avalon,</u>		<u>657</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Arthur Colter Home.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDNA</u>		b. (Middle) <u>XXX</u>		c. (Last) <u>COLTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 5, 1952</u>	
5. SEX <u>F /</u>		6. COLOR OR RACE <u>Wh.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Feb. 25, 1875</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>10</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New York, N.Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ochen E. Alexander</u>			13b. MOTHER'S MAIDEN NAME <u>Pheobe Fillmore</u>			14. NAME OF HUSBAND OR WIFE <u>Henry Colter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arthur Colter, Carrollton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regeneration</u>				<u>4 wks.</u>	
		ANTECEDENT CAUSES					
		DUE TO (b) _____					
		DUE TO (c) _____					
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
		<u>422.2</u>					
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>May 15, 1952</u> to <u>July 5, 1952</u> , that I last saw the deceased alive on <u>July 4, 1952</u> , and that death occurred at <u>4 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Everett T. Smith</u>		(Degree or title) <u>R. O. 2</u>		23b. ADDRESS <u>107 1/2 S. Carrollton, Mo.</u>		23c. DATE SIGNED <u>7/7/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 7, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Avalon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Avalon, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/12/52</u>		REGISTRAR'S SIGNATURE <u>Ms. Herbert Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford W. Austin</u>		ADDRESS <u>Tina, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0171

SEP 22 1952

AUG 4 1952

JUL 31 1952

AUG 12 1952

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 _____

Clifford W Austin

Licensed Embalmer No. _____

3233

P. O. Address _____

Tina, Missouri

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.