

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34438

State File No.

FILED OCT 27 1952

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4095** Registrar's No. **153**

0190

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

1. PLACE OF DEATH a. COUNTY Cass.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Drexel.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Drexel.	
c. LENGTH OF STAY (In this place) 10 yrs		d. STREET ADDRESS (If rural, give location) No street numbers.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location) Not in Hospital. At home.			

3. NAME OF DECEASED (Type or Print)	a. (First) AIMA	b. (Middle) GRACE	c. (Last) COULTER.	4. DATE OF DEATH (Month) (Day) (Year) Oct. 17, 1952.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH May, 7, 1887.	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 5 Days 10	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Household duties.	10b. KIND OF BUSINESS OR INDUSTRY At home.	11. BIRTHPLACE (State or foreign country) Macomb, Illinois.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME M. J. Atherton.	13b. MOTHER'S MAIDEN NAME Martha Elwell.	14. NAME OF HUSBAND OR WIFE John B. Coulter.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None.	17. INFORMANT'S SIGNATURE OR NAME Allvona Ziegler, Drexel, Mo.	ADDRESS
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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) Medical Certification: Acute Congestive Heart Failure with Pulmonary Oedema.	INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aortic valve Lesion. DUE TO (c) Mitral valve Lesion.	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage	12 hrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **7th 25415, 10-** to **Oct. 17, 19 52**, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul E. Astwell M.D.	23b. ADDRESS Drexel, Missouri.	23c. DATE SIGNED 10/18/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/19/52	24c. NAME OF CEMETERY OR CREMATORY Sharon Cemetery	24d. LOCATION (City, town, or county) (State) Drexel, Missouri.
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DATE REC'D BY LOCAL REG 10-18-52	REGISTRAR'S SIGNATURE Nora Barward	4570	25. FUNERAL DIRECTOR'S SIGNATURE J. Davis	ADDRESS Drexel, Mo.
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