

STANDARD CERTIFICATE OF DEATH

State File No. **11122**

FILED APR 14 1953

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>134</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Francois Mo. Farmington Rural</u>		c. LENGTH OF STAY (In this place) <u>5 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Frederick town 0621</u>		d. STREET ADDRESS (If rural, give location) <u>Madison Hotel 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Sprott Nursing Home</u>				3. NAME OF DECEASED a. (First) <u>Jesse</u> b. (Middle) <u>Cole</u> c. (Last) <u>Coulton</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>April 4-1953</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>March 25, 1884</u>		9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teamster</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	
11. BIRTHPLACE (State or foreign country) <u>Iron County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Sam Coulton</u>		13b. MOTHER'S MAIDEN NAME <u>Fanny Kenner</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-10-2338</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Emma Aubachon Fredericktown.</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>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 yrs</u> <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21f. HOW DID INJURY OCCUR?	
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"/>		22. I hereby certify that I attended the deceased from <u>3-18-1953</u> to <u>April 4, 1953</u> , that I last saw the deceased alive on <u>3-18</u> , 19 <u>53</u> , and that death occurred at <u>12 1/2 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Geo. K. Walker M.D.</u>		(Degree or title)		23b. ADDRESS <u>Farmington Mo.</u>		23c. DATE SIGNED <u>4-8-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/5/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MARCUS MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>Madison County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 9, 1953</u>		REGISTRAR'S SIGNATURE <u>Ethel Redloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Dajin Jr.</u>		ADDRESS <u>Fredericktown Mo</u>	

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.....

.....
working under my personal supervision.

Student Embalmer No. 482.....

Signed *Lawrence O. Herling*
Student Embalmer

Signed *Sam Rajin, Jr.*

Licensed Embalmer No. 4299

P. O. Address *Friederichstown, Mo.*

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.