No. 300
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GILLESPIE FUNERAL HOME

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

FILED DEC 7 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5935 — State File No. 39902

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. ~~3052~~ Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Sedalia
c. LENGTH OF STAY (in this place): In Transit
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Hwy#65, 5mi. S. Sedalia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
d. STREET ADDRESS (If rural, give location): 810 S. Marvin

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3. NAME OF DECEASED (Type or Print)
a. (First): JESSIE
b. (Middle): B.
c. (Last): COULTER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 22 1953

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 14, 1898
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laboratory helper
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Bible Grove, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Clegg
13b. MOTHER'S MAIDEN NAME: Ida Sanders
14. NAME OF HUSBAND OR WIFE: Elmer Coulter (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Miss Margaret Clegg, Pueblo, Colo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured neck

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pettis Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): NOV 22 1953 12:25 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Injured in automobile accident - USH.65 - 5 miles S. Sedalia Mo

22. *I hereby certify that I ~~attended~~ viewed the deceased ~~from~~* as Coroner, 19__, ~~that I last saw the deceased~~ *alive on* _____, 19__, *and that death occurred at* 12:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas Gordon Stampfacher MD
23b. ADDRESS: Coroner of Pettis Co - Mo
23c. DATE SIGNED: 11-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/25/1953
24c. NAME OF CEMETERY OR CREMATORY: Blairstown Cemetery
24d. LOCATION (City, town, or county) (State): Blairstown, Mo.

DATE REC'D BY LOCAL REG.: 11/24/1953
REGISTRAR'S SIGNATURE: A. J. Campbell M.D. 251-1
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: DeV. Heckart Sedalia, Mo

(Licensed Embalmer's Statement on Reverse Side)

JAN 14 1954

DEC 30 1953

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.