No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5514

BIRTH NO. FILED FEB 24 1954 REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4335 Registrar's No. 4

0680
1

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

1. PLACE OF DEATH
a. COUNTY: MONITEAU
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TIPTON
c. LENGTH OF STAY (in this place): 2 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): — —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: MONITEAU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TIPTON 0680 0
d. STREET ADDRESS (If rural, give location):

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

4. DATE OF DEATH (Month) (Day) (Year): FEB 19 1954

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: JULY-18-1873
9. AGE (In years last birthday): 80 — 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): PLASTERER
10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (City and State or Foreign Country): GERALD MO 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: HIRAM COULTER
13b. MOTHER'S MAIDEN NAME: SARILDA HENSLEY
14. NAME OF HUSBAND OR WIFE: LOUISE COULTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Oliver Coulter — ADDRESS: Tipton Mo

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): Myocardial Insufficiency Decompensated — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bilateral Bronchial Pneumonia — 2 days

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: 491X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 21, 1952, *to* Feb 19, 1954, *that I last saw the deceased alive on* Feb 19, 1954, *and that death occurred at* 12 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. J. Luebbert D.S.
23b. ADDRESS: Tipton, Mo
23c. DATE SIGNED: 2-19-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-19-54
24c. NAME OF CEMETERY OR CREMATORY: ST. JOHN'S CEMETERY
24d. LOCATION (City, town, or county) (State): SWISS MO

DATE REC'D BY LOCAL REG.: Feb. 19, 1954
REGISTRAR'S SIGNATURE: Mrs. Maude Hudson 2030
25. FUNERAL DIRECTOR'S SIGNATURE: Hugo H. Blumer — ADDRESS: Hermann Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 8

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 August Blumer

Licensed Embalmer No. 3160

P. O. Address Hermann Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.