

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2430

Registrar's No. 0260

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY _____ 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>			
b. CITY OR TOWN <i>St Louis</i>		c. LENGTH OF STAY (In this place) <i>2 wks</i>		c. CITY OR TOWN <i>Pacific</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. Pacific Hospital</i>				STREET ADDRESS (If rural, give location) <i>501 W. Union 0360</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i> b. (Middle) <i>Edward</i> c. (Last) <i>Colter</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 8, 1955</i>				
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>		8. DATE OF BIRTH <i>Aug. 11, 1872</i>	
9. AGE (In years last birthday) <i>82</i>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Penst. Laborer</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Mo. Pac. R.R.</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Missouri</i>	
13a. FATHER'S NAME <i>James Colter</i>			13b. MOTHER'S MAIDEN NAME <i>Elizabeth Deitz</i>		14. NAME OF HUSBAND OR WIFE <i>Nettie Colter</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>Unknown</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Eliza Shaw Pacific Mo</i> ADDRESS _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac failure</i>				INTERVAL BETWEEN ONSET AND DEATH _____			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) <i>Arteriosclerotic heart disease</i>			
				DUE TO (c) <i>Senility</i>			
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 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) <i>4200</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <i>Dec 22, 1954</i> to <i>Jan 8, 1955</i> , that I last saw the deceased alive on <i>Jan 8, 1955</i> , and that death occurred at <i>10:55 pm.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>W. B. Boyd</i> (Degree or title) _____				23b. ADDRESS <i>Mo. Pac. Hosp</i>		23c. DATE SIGNED <i>1-9-55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan 12, 1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Pacific Cemetery Pacific Mo.</i>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <i>JAN 11 1955</i>		REGISTRAR'S SIGNATURE <i>Charles Smith Mo. Pac. Hosp</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Geo. L. Shieber Pacific Mo.</i> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 14 1951

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.....
Signature of Student Embalmer

Signed *J. L. Hughes*

Licensed Embalmer No. *3008*

P. O. Address *Pacific*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.