

FILED APR 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11411

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 4152 Registrar's No. 5-1955

1. PLACE OF DEATH a. COUNTY <u>CRAWFORD 0280</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>CALIFORNIA</u> b. COUNTY <u>8040</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEASBURG</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LONG BEACH</u>	
c. LENGTH OF STAY (in this place) <u>6 WKS.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BESSIE</u> b. (Middle) <u>-</u> c. (Last) <u>COULSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 7-1955</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>	
8. DATE OF BIRTH <u>AUG. 17-1885</u>		9. AGE (in years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>STEELEVILLE, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>WILSON HALEY</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH LEWIS</u>	
14. NAME OF HUSBAND OR WIFE <u>-</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>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>HELEN LAND-LEASBURG, MO.</u>		ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC PULMONARY EDEMA</u>		DUE TO (b) <u>RHEUMATIC AND ARTERIOSCLEROTIC</u>			<u>2 DAYS</u>	
*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 (c) <u>HEART DISEASE</u>			<u>MANY YEARS</u>	
II. OTHER SIGNIFICANT CONDITIONS, Conditions contributing to the death but not related to the disease or condition causing death. <u>RHEUMATOID ARTHRITIS</u>					<u>15 YEARS</u>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 MARCH 3, 1955, to APRIL 6, 1955, that I last saw the deceased alive on APRIL 6, 1955, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard T. Warden M.D.</u>		23b. ADDRESS <u>Boston Missouri</u>		23c. DATE SIGNED <u>4-11-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-9-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STEELEVILLE CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>STEELEVILLE, MO.</u>		DATE REC'D BY LOCAL REG. <u>4/18/55</u>		REGISTRAR'S SIGNATURE <u>Wm. G. Davis Deputy Registrar</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas L. Halden</u>		ADDRESS <u>STEELEVILLE, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 10 1958

SEP 19 1958

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 Thomas S. Halbert

Licensed Embalmer No. 4332

P. O. Address St. Louis, Mo

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

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