

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12367

State File No.

FILED MAY 2 1955

REG. DIST. NO. 157

PRIMARY REG. DIST. NO. 3028

Registrar's No. 67

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town or township) Carthage		c. LENGTH OF STAY (in this place) 2 mos.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 923 S. Orner		e. CITY OR TOWN Carthage	
		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 190	
		STREET ADDRESS (If rural, give location) Rural 04	
3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Ross c. (Last) Coulter			4. DATE OF DEATH (Month) (Day) (Year) April 6, 1955
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH July 6, 1869
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY retired farmer	11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN 9
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Coulter		13b. MOTHER'S MAIDEN NAME Anna Byers	14. NAME OF HUSBAND OR WIFE Victoria Grubb Coulter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wm. Schlecht, Carthage, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis, chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterosclerotic DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility	
INTERVAL BETWEEN ONSET AND DEATH 10 yrs			
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 4221		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) none	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 Oct 27, 1946, to Apr 6, 1955, that I last saw the deceased alive on Apr 1, 1955, and that death occurred at 5:30A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) George H. Wood MD		23b. ADDRESS Carthage Mo	23c. DATE SIGNED 4/6/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 14-8-55	24c. NAME OF CEMETERY OR CREMATORY Fidelity Cemetery	24d. LOCATION (City, town, or county) (State) Jasper County, Mo.
DATE REC'D BY LOCAL REG. 4-6-55	REGISTRAR'S SIGNATURE W. E.	139 2	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo.

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

County File Number 85-1-229
Date Filed APR 27 1955

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 Frank W. Knell

Licensed Embalmer No. 444

P. O. Address Carthage

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.