

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034694

FILED VS OCT 3 1960

149

1002

4712

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>60 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1619 Elmwood</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>L.</b> Last <b>Coulter</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>15,</b> Year <b>1960</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/18/1884</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Superintendent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Kelley Constr. Co.</b>		11. BIRTHPLACE (City and state or country) <b>Orlean, Neb.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>J. M. Coulter</b>		13b. MOTHER'S MAIDEN NAME <b>Delia Yearnshaw</b>	
14. NAME OF HUSBAND OR WIFE <b>Zola Coulter</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>486-09-3612</b>	
17. INFORMANT <b>Zola Coulter</b>		Address <b>1619 Elmwood K. C., Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary embolus</b> DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b> <b>5 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>1946</b> to <b>Sept 15, 1960</b> and last saw him alive on <b>Sept 10, 1960</b> Death occurred at <b>10:30</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Neil Jones</i>		(Degree or title) <b>M.D.</b>		22b. ADDRESS <b>411 Nichols Road</b>	
22c. DATE SIGNED <b>9/16/60</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9/19/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>					
24. FUNERAL DIRECTOR <b>Earp &amp; Sons</b>		ADDRESS <b>4707 Truman Rd. K.C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-16-60</b>	
26. REGISTRAR'S SIGNATURE <i>H-L-Dwyer</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **T. Reid Jones**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James W. Camp

Licensed Embalmer No. 462

P. O. Address H.C.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
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.