

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037967

STATE FILE NUMBER

Registration District No. 118 Primary Registration District No. 4188 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>OWENSVILLE</u>	Length of stay in 1b <u>20 Yr.</u>	c. CITY OR TOWN <u>OWENSVILLE</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>103 E. Peters</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>103 E. Peters</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>LEE</u> Middle <u>X</u> Last <u>COULTER</u>			4. DATE OF DEATH Month <u>November</u> Day <u>3</u> Year <u>1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-9-1905</u>	9. AGE (last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clay Mining</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clay Mining</u>	11. BIRTHPLACE (City and state or country) <u>Stony Hill Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>
13a. FATHER'S NAME <u>George Coulter</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Kappelman</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Coulter</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>497-10-3851</u>		17. INFORMANT <u>Alice Coulter</u> Address <u>103 E. Peters</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Angina Pectoris</u>		<u>2 dys.</u>
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ s.m. _____ p.m. _____	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 11-1-60 to 11-3-60 and last saw her alive on 11-2-60
Death occurred at 2:20 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Ronald Bruner, M.D.</u> (Degree or title)	22b. ADDRESS <u>Owensville, Mo.</u>	22c. DATE SIGNED <u>11-4-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-5-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, or county) <u>Owensville Missouri</u>
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24. FUNERAL DIRECTOR <u>GOTTENSTROETER</u> <u>FUNERAL HOME</u> <u>milford 214 Winta</u> (Licensed Embalmer's Statement on Reverse Side)	25. DATE RECD. BY LOCAL REG. <u>November 5, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Maurine Jappmeyer</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

87 AOW

STATEMENT BY LICENSED EMBALMER

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

Student Jerry A. Thompson Signed Wilford H. H. Hunt
Signature of Student Embalmer

Licensed Embalmer No. 3838

P. O. Address OWENS

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.