

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016236

AMENDED Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 84 STATE FILE NUMBER

FILED MAY 9 1961

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada Length of stay in city or town 10 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 429 No. Washington Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Vernon
c. CITY OR TOWN Nevada Inside Limits: Yes No
d. STREET ADDRESS (If outside, give location) 429 No. Washington Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Maudie Middle Vernon Last Coulter 4. DATE OF DEATH Month May Day 1 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3/22/1893 9. AGE (last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 10b. KIND OF BUSINESS OR INDUSTRY Virgil City, Missouri 11. BIRTHPLACE (City and state or country) USA 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Thomas M Caldwell 13b. MOTHER'S MAIDEN NAME Mary J Anderson 14. NAME OF HUSBAND OR WIFE Earl M Coulter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 17. INFORMANT Mr. Earl M Coulter Address Nevada, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive heart failure INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 Dec. 12 1960 to April 29 1961 and last saw her ^{her} alive on April 29, 1961
Death occurred at 1:00 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L.P. McCann (Degree or title) L.P. McCann, M. D. 22b. ADDRESS Moore Bldg., Nevada, Mo. 22c. DATE SIGNED 5/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 5-3-61 23c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Eichinger Funeral Home - Nevada, Missouri ADDRESS 5-6-1961 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Anna E. Jerry

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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 S Percy F. Melster

Licensed Embalmer No. 4805

P. O. Address Newark, Me

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.