

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-037377

STATE FILE NUMBER

AMENDED

Registration District No. 755 Primary Registration District No. 3127 Registrar's No. 163

FILED OCT 23 1961

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Cherokee		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		Length of stay in 1b 24 hrs	c. CITY OR TOWN Galena		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. #2, Box 136	
3. NAME OF DECEASED (Type or print) First Charles Middle Leon Last Coulson			4. DATE OF DEATH Month Oct. Day 16 Year 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-6-1930	9. AGE (last birthday) 25	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Farmer's Chem. Co.		11. BIRTHPLACE (City and state or country) Missouri	
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Carl B. Coulson		13b. MOTHER'S MAIDEN NAME Clemmie Connors	
14. NAME OF HUSBAND OR WIFE Rebecca Coulson			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		
17. INFORMANT Rebecca Coulson, Galena, Kansas			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Tachyline Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Fulminating Meningitis DUE TO (c) Pneumococcus Infection 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 checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Oct 15 to Oct. 16, 1961 and last saw ^{her} him alive on 10-16-61 Death occurred at 2:30 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Orney Dawson			22b. ADDRESS Galena MO		22c. DATE SIGNED 10-17-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 17, 1961	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Schurman Funeral Home,		25. DATE RECD. BY LOCAL REG. 10-17-61		26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

OCT 25 1961

OCT 30 1961

MAR 20 1962

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 *Ace Mason*

Licensed Embalmer No. 4568

P. O. Address Springfield

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.