

FILED JAN 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1532

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

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>1</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Carthage</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural - Union Township</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Carthage Route 4</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>VICTORIA</u>			b. (Middle) _____		c. (Last) <u>COULTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2 1949</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov 20, 1874</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <u>Jasper County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Joel Grubb</u>			13b. MOTHER'S MAIDEN NAME <u>Rhoda Payne</u>		14. NAME OF HUSBAND OR WIFE <u>Ross Coulter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Will Schlecht, RT4, Carthage, Mo.</u>				
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) <u>Hemorrhage Cerebral</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility 3/31</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>5 years</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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) (Min.) <u>none</u>		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 <u>Dec 26, 1948, to Jan 2, 1949</u> , that I last saw the deceased alive on <u>Jan 2, 1949</u> , and that death occurred at <u>1:20p m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>George H. Wood M.D.</u>				23b. ADDRESS <u>Carthage Mo.</u>		23c. DATE SIGNED <u>Jan 3, 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan 4, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fidelity Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u>		
DATE REC'D BY LOCAL REG <u>Jan 4-1949</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo.</u>				

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.

Signed _____

Frank W. Kneel

Signed _____
Student Embalmer

Licensed Embalmer No. 4440

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 this body is not embalmed, fact should be so stated above.