

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

41050

5153

FILED DEC 17 1949

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Dawson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dawson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nonshus City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nonshus City</u>	
c. LENGTH OF STAY (In this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>1720 - 73RD AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FRISCO RT. - 19TH AVE</u>			

3. NAME OF DECEASED a. (First) <u>William Henry</u> b. (Middle) <u>Coulter</u> c. (Last) <u>Coulter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2, 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 25, 1893</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engine Cleaner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FRISCO RT.</u>	11. BIRTHPLACE (State or foreign country) <u>UNKNOWN - ARKANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert Coulter</u>	13b. MOTHER'S MAIDEN NAME <u>MARIE FRY</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>442-14-7905</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WALTER COULTER</u>	ADDRESS <u>2313 Prosser</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tuberculosis Meningitis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thos. A. Jones</u> (Degree or title) <u>Dep. Coroner</u>	23b. ADDRESS <u>1612 E 12th St</u>	23c. DATE SIGNED <u>12/2/49</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-10-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LINCOLN</u>	24d. LOCATION (City, town, or county) (State) <u>Dawson City, MO</u>
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DATE REC'D BY LOCAL REG. <u>12-6-49</u>	REGISTRAR'S SIGNATURE <u>Sheldine Holmstedt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Drain</u>	ADDRESS <u>1513 Prosser</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *H. E. Davis*

Licensed Embalmer No. 4417

P. O. Address *H. C. Mo*

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.