

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22210**

FILED JUL 27 1951

0124

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

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>313</u>	
1. PLACE OF DEATH a. COUNTY BUTLER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY UNION			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR-BLUFF-MO.		c. LENGTH OF STAY (in this place) 2 WEEK		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DONGOLA		8720	
d. FULL NAME OF HOSPITAL OR INSTITUTION POPLAR-BLUFF-HOSPITAL				d. STREET ADDRESS (If rural, give location) HIGHWAY 51			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIE			b. (Middle) COULTER			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) JULY 9 1951		5. SEX F		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	
8. DATE OF BIRTH APRIL 3, 1918		9. AGE (In years last birthday) 33		IF UNDER 1 YEAR Months 3 Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) BERNIE MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME LENORD SILLS		13b. MOTHER'S MAIDEN NAME ETHEL ESTERLINE		14. NAME OF HUSBAND OR WIFE FRANCIS 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 331-24-8640		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geraldine Sills Brooklyn Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Nitral Sterosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Heart Disease					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 410x				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>June 27</u> , 1951, to <u>July 9th</u> 1951, that I last saw the deceased alive on <u>July 9</u> , 1951, and that death occurred at <u>7:00 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Frank E. Dueth, M.D.				23b. ADDRESS Poplar Bluff, Missouri		23c. DATE SIGNED July 10, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE July 11, 1951		24c. NAME OF CEMETERY OR CREMATORY BERNIE CEMETARY		24d. LOCATION (City, town, or county) (State) BERNIE MO.	
DATE REC'D BY LOCAL REG. July 10 1951		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE J. C. White		ADDRESS Fisk, Mo.	

RECEIVED

JUL 25 1951

BUTLER CO. HEALTH CENTER

FILE No. 751-333

JUL 6 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Walter Marsh Wathen

Signed
Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.