S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 23 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25275

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 230

1. PLACE OF DEATH
a. COUNTY ~~Benton~~ Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SEDALIA
c. LENGTH OF STAY (in this place) 12 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bothwell Hospl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WARSAW 0080 1
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) EDWARD
b. (Middle) MAYSVILLE
c. (Last) COULTER

4. DATE OF DEATH (Month) (Day) (Year) July 14, 1952

5. SEX MALE
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH May 25, 1880
9. AGE (In years last birthday) 72 — 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) CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY Custom Building
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME George Coulter
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Grace Downs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Grace Coulter — ADDRESS Warsaw

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis, Pancreatic — INTERVAL BETWEEN ONSET AND DEATH 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 157X
20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-20, 1952, *to* 7/14, 1952, *that I last saw the deceased alive on* 7/14, 1952, *and that death occurred at* 3:42 p m., *from the causes and on the date stated above.*

23a. SIGNATURE E. Rhodes (Degree or title) M.D.
23b. ADDRESS 312½ S. Ohio Sedalia, Mo.
23c. DATE SIGNED 7/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 16, 1952
24c. NAME OF CEMETERY OR CREMATORY New Home
24d. LOCATION (City, town, or county) Hickory Co. (State) Mo

DATE REC'D BY LOCAL REG. 7-16-1952
REGISTRAR'S SIGNATURE R. Campbell M.D. Bolitz Hall deputy
25. FUNERAL DIRECTOR'S SIGNATURE John F. Reser — ADDRESS Warsaw

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 1952

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 John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.