

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10551

State File No.

LED APR 15 1953

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No.

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Plata Town		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Plata, Mo.	
c. LENGTH OF STAY (in this place) 9 Yrs		d. STREET ADDRESS (If rural, give location) 1610	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) -----			

3. NAME OF DECEASED a. (First) Vance, V b. (Middle) Vivian c. (Last) Coulson			4. DATE OF DEATH (Month) (Day) (Year) Mar. 13, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug 12, 1888		9. AGE (In years last birthday) 64		10. UNDER 1 YEAR 1 11. UNDER 1 HOUR ---	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ice Dealer		10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (State or foreign country) Iowa	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME David Coulson		13b. MOTHER'S MAIDEN NAME Martha O'neal		14. NAME OF HUSBAND OR WIFE Irene Coulson	
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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 NO. 497-09-5322		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Irene Coulson LA Plata, Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Instantaneous	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) unknown			
		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		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)		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 Feb 23, 1953 to March 13, 1953 that I last saw the deceased alive on March 10, 1953 and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Nelson W. Hill (Degree or title)		23b. ADDRESS La Plata, Mo		23c. DATE SIGNED 3/18/1953 (State)	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 16, 1953		24c. NAME OF CEMETERY OR CREMATORY Steele Cemetery	
DATE REC'D BY LOCAL REG. March 19 1953		REGISTRAR'S SIGNATURE Mrs O.P. Griffin		24d. LOCATION (City, town, or county) N.E. of Atlanta, Mo.	
		25. FUNERAL DIRECTOR'S SIGNATURE Wm. M. Wilson		ADDRESS La Plata, Mo	

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

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APR 23 1953

RECEIVED 4-4-53
MACON COUNTY HEALTH DEPARTMENT
County File No. 4-3365
Date Filed 4.9.53

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 *Kenneth M. Wilson*

Licensed Embalmer No. 4701

P. O. Address La Plata, 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.