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FILED JUL 21 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25571

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3480 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe 0590	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 1209 Walnut Street 0	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Benjamin c. (Last) Coult			4. DATE OF DEATH (Month) (Day) (Year) July 16, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 13, 1889	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter-Paper Hanger		10b. KIND OF BUSINESS OR INDUSTRY Decorator	11. BIRTHPLACE (State or foreign country) Kidder, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Stephen Chase Coult	13b. MOTHER'S MAIDEN NAME Delana Allen	14. NAME OF HUSBAND OR WIFE Rena May Anderson Coult
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknowns) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herbert Coult; Chillicothe, Missouri

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		INTERVAL BETWEEN ONSET AND DEATH 12 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis		
	ANTECEDENT CAUSES Morbidity 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.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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?

22. I hereby certify that I attended the deceased from 4 July, 1953, to 16 July, 1953 that I last saw the deceased alive on 16 July, 1953 and that death occurred at 1:03 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) V.D. Vandiver M.D.	23b. ADDRESS Chillicothe Mo	23c. DATE SIGNED 16 July 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-17-53	24c. NAME OF CEMETERY OR CREMATORY Edgewood
24d. LOCATION (City, town, or county) (State) Chillicothe, Missouri		

DATE REC'D BY LOCAL REG. July-16-53	REGISTRAR'S SIGNATURE 171-0 Frances B. Neill	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman Funeral Home; Chillicothe, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0-11-101  
15 19 15

**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 *E. F. Norman*

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri.

**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.