

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20986

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. LENGTH OF STAY (in this place) <u>55 yrs</u>	c. CITY OR TOWN <u>Mexico</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Andrew Co Hospital</u>		d. Is Residence within limits of a city incorporated for? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>715 E. Park</u>	

3. NAME OF DECEASED (Type or Print) ANNA ELIZABETH COULM			4. DATE OF DEATH (Month) (Day) (Year) July 23rd 1955		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Aug. 16th 1895</u>	9. AGE (in years, last birthday) <u>59</u>	10. MONTHS <u>3</u>	11. DAYS <u>9</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>Maid</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Blairville Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ernest Gold</u>	13b. MOTHER'S MARDEN NAME <u>Lilia Barnett</u>	14. NAME OF HUSBAND OR WIFE <u>Robert White</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>495-36-4235</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rachel Gold</u>	18. ADDRESS _____
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>33IXH</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic lymphatic leukemia</u>		5 years	

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) _____
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? _____

22. I hereby certify that I attended the deceased from 9-20-48, 1948, to 7-27, 1955, that I last saw the deceased alive on 7-27, 1955, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles H Garcia M.D.</u>	23b. ADDRESS <u>Mexico Mo</u>	23c. DATE SIGNED <u>7-26-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 27, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clonewood</u>	24d. LOCATION (City, town, or county) (State) <u>Mexico Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 27-1955</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely 9-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart P. Parker</u>	ADDRESS <u>Columbia Mo.</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
Signature of Student Embalmer

Signed *Shear P. Parker*

Licensed Embalmer No. *296*

P. O. Address *Columbus*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.