

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

576

State File No. ....

FILED JAN 14 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 2

1. PLACE OF DEATH  
a. COUNTY Chariton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo. b. COUNTY Chariton

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Keytesville Twp. 2-year c. LENGTH OF STAY (In this city or town) 2-year c. CITY OR TOWN Keytesville

d. FULL NAME OF HOSPITAL OR INSTITUTION Chariton County Rest Home e. STREET ADDRESS (If rural, give location) 2 Miles E. of Keytesville

3. NAME OF DECEASED  
a. (First) Andrew b. (Middle) Jackson c. (Last) Colter 4. DATE OF DEATH (Month) (Day) (Year) Jan. 7th, 1958

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH April 27, 1878 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (City and State or Foreign Country) New Haven, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Colter 13b. MOTHER'S MAIDEN NAME Lucindy Chumney 14. NAME OF HUSBAND OR WIFE Laura Colter

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 499-27-1878 17. INFORMANT'S SIGNATURE OR NAME Mrs. Charlie Fogelsong ADDRESS Keytesville

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

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 Sept 1, 1957, to Jan 6, 1958, that I last saw the deceased alive on Jan 6th, 1958, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. L. Fisher (Degree or title) D.O. 23b. ADDRESS Brunswick Mo 23c. DATE SIGNED Jan 7-58

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan. 9th, 1958 24c. NAME OF CEMETERY OR CREMATORY City Cemetery 24d. LOCATION (City, town, or county) (State) Keytesville, Mo.

DATE REC'D BY LOCAL REG. 1-10-58 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Keytesville Mo

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.....  
*H. D. Grunth*

Licensed Embalmer No...30...

P. O. Address...Keytearth

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.