Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-013210
STATE FILE NUMBER

FILED MAY 5 1958

Registration District No. 30 Primary Registration District No. 5102 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY Benton
b. CITY OR TOWN Fristoe (Rural) — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5 Miles S. E. — Length of stay in 1b Year

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Benton 0080
c. CITY OR TOWN WARSAW — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: GRACE Middle: Last: Coulter

4. DATE OF DEATH Month: Apr Day: 28 Year: 1958

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH June 17, 1884

9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR: Months 10 Days 11 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Grundy Co, Mo.

12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME Oscar N. Clark

13b. MOTHER'S MAIDEN NAME Melissa Everitt

14. NAME OF HUSBAND OR WIFE deceased.

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. None.

17. INFORMANT Mrs Hollis Smith — Address Fristoe, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebrovascular (infarction) accident — INTERVAL BETWEEN ONSET AND DEATH: 4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) generalized arteriosclerosis — ? years

DUE TO (c) 332X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1948, to Apr. 24, 1958 and last saw her ~~him~~ alive on Apr. 24, 1958

Death occurred at 6:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. Rhodes, M.D. (Degree or title) O

22b. ADDRESS Warsaw, Mo.

22c. DATE SIGNED 4/29/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Apr 30, 1958

23c. NAME OF CEMETERY OR CREMATORY Smith New Home.

23d. LOCATION (City, town, or county) (State) Cross Timbers Hickory Co. Mo

24. FUNERAL DIRECTOR Rosen Funeral Home — **ADDRESS** Warsaw

25. DATE RECD. BY LOCAL REG. Apr. 30 - 1958

26. REGISTRAR'S SIGNATURE Jas. A. Logan

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 John F. Rese

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

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