IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 28 1960

-60-047234

STATE FILE NUMBER

NDED

Registration District No. 316 Primary Registration District No. — Registrar's No. 495

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY ST FRANCOIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LIBERTY TWSP — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD#3 — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO, b. COUNTY ST FRANCOIS
c. CITY OR TOWN Liberty Two. — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) NEAR FARMINGTON MO — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First MARGIE Middle ANN Last COULTER
4. DATE OF DEATH Month DEC Day 18 Year 1960
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4/20/46
9. AGE (last birthday) 14
IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) BONNE TERRE, Mo.
12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME JAMES COULTER
13b. MOTHER'S MAIDEN NAME BEATRICE RAMSEY
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT JAMES COULTER Address RFD#3 FARMINGTON 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) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 1/2 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Idiopathic Asthma — 5 months
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 Dec 9-1960, to Dec 18 1960 and last saw her alive on Dec 9-1960
Death occurred at 4:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] Dr.
22b. ADDRESS Farmington Mo
22c. DATE SIGNED 12/19/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE DEC 21 1960
23c. NAME OF CEMETERY OR CREMATORY CHESTNUT RIDGE
23d. LOCATION (City, town, or county) (State) NEAR FARMMINGTON MO

24. FUNERAL DIRECTOR C. H. COZEAN ADDRESS FARMINGTON MO
25. DATE RECD. BY LOCAL REG. Dec. 19, 1960
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 408

P. O. Address Farmingt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.