

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

31714  
Do not use this space.

FILED SEP 30 1943

1. PLACE OF DEATH

(a) County Brundley Registration District No. 132  
(b) Township Raylor Primary Registration District No. \_\_\_\_\_  
(c) City Brimson (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ORVILLE J. COLE

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
71 10 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shipping Station Attendant  
9. Industry or business in which work was done, as saw mill, bank, etc. Oil Business  
10. Date deceased last worked at this occupation (month and year) 2 yrs 1 month 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) Brundley Co Mo  
(STATE OR COUNTRY)

13. NAME S. T. Cole

14. BIRTHPLACE (CITY OR TOWN) Virginia  
(STATE OR COUNTRY)

15. MAIDEN NAME Estaline Brown

16. BIRTHPLACE (CITY OR TOWN) Brundley Co  
(STATE OR COUNTRY) MO

17. INFORMANT Brimson MO  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Willis Chapel DATE Oct 29 1943

19. FUNERAL DIRECTOR (NAME) W. D. Hayes  
(ADDRESS) Belman City MO

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) \_\_\_\_\_ 19 \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1942 to 3-12-42, 1942

I last saw him alive on About 3-12-1942 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Organic Disease of Heart

Date of onset Several years

Other contributory causes of importance:

Bronchial Asthma

Several years

Name of operation Clival Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_  
(Signed) Dr. Reeks, M. D.  
(Address) Benton Mo

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**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**

Registration District No. 1321 Primary Registration District No. 5479

1. PLACE OF BIRTH:  
(a) County Grundy  
(b) City or town Brimson  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jaylor Surg  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 yr. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Orville J. Cole  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color on race W  
6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 28 - 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace Unknown Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business all business

12. Name S.T. Cole  
13. Birthplace Unknown Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Emaline Brown  
15. Birthplace Unknown Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Orville J. Cole  
(b) Address Brimson, Mo.

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 10 29 43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Willis Chapel

18. (a) Signature of funeral director W. D. Baines  
(b) Address Silman City, Mo.  
19. (a) 10-29-43 (Date received local registrar) (b) L. D. Wolf (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Grundy  
(c) City or town Brimson  
(If outside city or town limits, write "RURAL")  
(d) Street No. Have none  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH Month Oct Day 26 Year 1942 Hour 10 Minute 15 P.M.  
21. I hereby certify that I attended the deceased from July 12, 1942 to July 26, 1942 and that death occurred on the date and hour stated above.  
Immediate cause of death Organic disease of heart

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Bronchial Asthma  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (Mans of injury)  
23. Signature O. R. Brooks MD (M. D. or other)  
Address Jrenton, Mo Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

TEMPORARILY  
See  
of heart

Duration  
See  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

31714