

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23181

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b>	
b. CITY: (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kennett (Rural) Rt. 1</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kennett Mo. Rt. 1</b>	
c. LENGTH OF STAY (in this place) <b>37 Yrs.</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <b>Rachiel</b>	a. (First)	b. (Middle)	c. (Last) <b>Cole</b>	4. DATE OF DEATH <b>7-18-50</b>	(Month) (Day) (Year)
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 19-1885</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months   Days <b>3 29</b>	IF UNDER 24 HRS. Hours   Min. <b>0 0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (State or foreign country) <b>Omaha ILL.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Joseph Knight</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Lawrence</b>	14. NAME OF HUSBAND OR WIFE <b>F.L. Cole</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>F.L. Cole</b>	ADDRESS <b>Kennett Mo. Rt. 1</b>
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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 <b>4 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary disease of liver</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>5810</b>	

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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 14, 1946**, to **July 18, 1950** that I last saw the deceased alive on **7-18, 1950**, and that death occurred at **3:30 P. M.** from the causes and on the date stated above.

22a. SIGNATURE <b>Paul Baldwin</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Kennett Mo.</b>	23c. DATE SIGNED <b>7-20-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-20-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kennett Mo. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>July 20-50</b>	REGISTRAR'S SIGNATURE <b>Carl Husband</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lentz Service</b>	ADDRESS <b>Kennett Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0350

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 7-22-50

COUNTY FILE NUMBER 250-214

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 \_\_\_\_\_  
Student Embalmer

Signed Edgar Blue Ford

Licensed Embalmer No. 4433

P. O. Address Kennett Mo

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, fact should be so stated above.