

FILED JUL 24 1950 STANDARD CERTIFICATE OF DEATH

State File No. 23274

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 626-A

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD 0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2604 W. CALHOUN		d. STREET ADDRESS (If rural, give location) 2604 W. CALHOUN 2	

3. NAME OF DECEASED (Type or Print) a. (First) EVA	b. (Middle) J	c. (Last) COLE	4. DATE OF DEATH (Month) (Day) (Year) JULY 12 1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 7, 1870	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) KANSAS	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME NICHOLAS B. GANN	13b. MOTHER'S MAIDEN NAME LOU MOORE	14. NAME OF HUSBAND OR WIFE ABE COLE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. RUBY MORGAN	ADDRESS DES MOINES, IOWA
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH  447X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Generalized arteriosclerosis		
	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 <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 5-31, 1950, to 7-13, 1950, that I last saw the deceased alive on 7-13, 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE E. R. Jefferson (Degree or title)	23b. ADDRESS 200 Springfield Ave.	23c. DATE SIGNED 7-15-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-14-1950	24c. NAME OF CEMETERY OR CREMATORY PROTOM CEMETERY	24d. LOCATION (City, town, or county) PROTOM MISSOURI (State)
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DATE REC'D BY LOCAL REG. 7-15-50	REGISTRAR'S SIGNATURE W. S. Humbley, wife	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Alan Harris CLEVER, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

346

APR 10 1958

**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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.