

FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31090

BIRTH NO.		REG. DIST. NO. 209	PRIMARY REG. DIST. NO. 5763	Registrar's No. 43
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY <i>Marion</i>		a. STATE <i>Missouri</i> b. COUNTY <i>Montgomery</i>		
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <i>Rural-Union township</i>		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <i>Rural-Dunville township</i>		
c. LENGTH OF STAY (in this place) <i>5 mos.</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <i>Edward</i>		b. (Middle) <i>M.</i>		c. (Last) <i>Cole</i>
5. SEX <i>MO</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>
8. DATE OF BIRTH <i>Jan. 11, 1880</i>		9. AGE (In years last birthday) <i>70</i>		IF UNDER 1 YEAR Months <i>7</i> Days <i>17</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>				
13a. FATHER'S NAME <i>Robert J. Cole</i>		13b. MOTHER'S MAIDEN NAME <i>Nancy Farris</i>		14. NAME OF HUSBAND OR WIFE <i>Mary C. Cole</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE BY NAME <i>Robert J. Cole</i> ADDRESS <i>805 N. Jefferson Mo.</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>10 min.</i>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i>		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b)		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <i>Cerebral Hemorrhage</i>		<i>331X</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Mar 5, 1950</i> , to <i>Aug 28, 1950</i> , that I last saw the deceased alive on <i>Aug 20, 1950</i> , and that death occurred at <i>7:30 p. m.</i> , from the causes and on the date stated above.				
23a. SIGNATURE <i>John H. White</i>		23b. ADDRESS (Degree or title) <i>M.D.</i>		23c. DATE SIGNED <i>8/29/50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Aug 30, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Prophet Cemetery near Mineola Mo.</i>
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>John J. Baker American</i>		
DATE REC'D BY LOCAL REG. <i>8/29/50</i>		REGISTRAR'S SIGNATURE <i>By Viola Green, sub 9</i>		

(Licensed Embalmer's Statement on Reverse Side)

770.

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1640
1

RECEIVED SEP 26 1950
MARION CO. HEALTH DEPT.
DATE FILED SEP 26 1950

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

D B Baker

Licensed Embalmer No.

3375

P. O. Address

Amelia 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.