

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36046**

BIRTH NO. **71724-50** REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **202**

042

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rual, Saltriver	
c. LENGTH OF STAY (In this place) 30 min.		d. STREET ADDRESS (If rural, give location) R.F.D.#3, Mexico, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) ALICE		b. (Middle) FAY		c. (Last) COLE		4. DATE OF DEATH (Month) (Day) (Year) Nov; 14, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Nov. 14, 1950	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 1 YEAR		IF UNDER 1 YEAR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mexico, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Lee Cole		13b. MOTHER'S MAIDEN NAME Ellen Brashear		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type no. or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lee Cole, R.F.D.#3, Mexico, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Hydrocephalus		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Swind about 30 min	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b)			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				752X	
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 **Nov 17, 1950**, to **Dec 19**, that I last saw the deceased alive on **Nov 17, 1950**, and that death occurred at **3:08** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Abraham</i>		(Degree or title) MD		23b. ADDRESS W. 02 Any...		23c. DATE SIGNED 11-15-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 15, 50		24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) (State) Mexico, Mo.	

DATE REC'D BY LOCAL REG. Nov 15-1950		REGISTRAR'S SIGNATURE <i>Blanche Neely</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Earl E. Prato</i>		ADDRESS Mexico, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: NOV 22 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-58-197
Date Filed: NOV 25 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 not.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Paul E. Puckett.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico 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.