

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

40285

State File No.

DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 167

0369

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gerald</u> <u>0360</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>J</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacob</u>		b. (Middle) <u>Edgar</u>	
		c. (Last) <u>Cole</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 30, 1950</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 14, 1872</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>16</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm. Newton Casper Cole</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Ehlert Cole</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>XX</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Edna Cole Washington</u>		ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u> ANTECEDENT CAUSES <u>Infection</u> 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 <u>Chronic myocardial degeneration & dilatation</u>	
		INTERNAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
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) _____		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 <u>Nov 14, 1950</u> to <u>Nov 30, 1950</u> that I last saw the deceased alive on <u>Nov 30, 1950</u> , and that death occurred at <u>9:35 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. J. Meyer</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Washington Mo</u>	
		23c. DATE SIGNED <u>12-1-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>1</u>		24b. DATE <u>12-3-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Friendship</u>		24d. LOCATION (City, town, or county) (State) <u>Gerald Rural Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 2, 1950</u>		REGISTRAR'S SIGNATURE <u>J. H. ...</u>	
		25. EMBALMER'S SIGNATURE <u>E. J. Meyer</u> ADDRESS <u>Gerald Mo</u>	

RECEIVED

DEC 16 1950

DISTRICT HEALTH OFFICE No. 4

File No. _____

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 Stanley E. Meyer

Licensed Embalmer No. 4639

P. O. Address Gerald 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.