

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30867**

FILED OCT 8 1951

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|--|--|---|---|---|-------------|--|---------------------------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>217</u> | | PRIMARY REG. DIST. NO. <u>3045</u> | | Registrar's No. <u>628</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Mississippi</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u> | | c. LENGTH OF STAY (in this place) <u>29 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u> | | 0672 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>308 S. Heggie St.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>308 S. Heggie St.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Elizabeth Cole</u> | | | a. (First) | | b. (Middle) | | c. (Last) | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27, 1951</u> | | 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Nov. 24, 1872</u> | |
| 9. AGE (In years last birthday) <u>78</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Jefferson County, Miss.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Richmond Holmes</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Isabel Dixon</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Jerry Cole</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elnora Kirkland</u> ADDRESS <u>Charleston, Mo.</u> | | | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Enterocolitis</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5. H</u> | |
| 19a. DATE OF OPERATION <u>none</u> | | 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) <u>4200</u> | | | | | |
| 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>18</u> <u>and</u> <u>9/21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9/21</u> , 19 <u>51</u> , and that death occurred at <u>12:10</u> <u>am.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>E. Charles Rowling M.D.</u> | | | | 23b. ADDRESS <u>Charleston Mo</u> | | | 23c. DATE SIGNED <u>9/29/51</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sept. 30, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Oct. 2, 1951</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Let Hilgore</u> | | 434 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. D. Sparks Charleston, Mo.</u> | | | |

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

9 1891

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Frank Sparks

Signed.....
Student Embalmer

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.