No. 300
10-48

FILED FEB 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1201

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 369

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 36 East 54th Street 3748

3. NAME OF DECEASED (Type or Print)
a. (First) ROBERT
b. (Middle) ROSCOE
c. (Last) COLE

4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1952

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Jan. 7, 1880
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) V-P
10b. KIND OF BUSINESS OR INDUSTRY Security Mfg. Company
11. BIRTHPLACE (State or foreign country) Kentucky 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Samuel Hardin Cole
13b. MOTHER'S MAIDEN NAME Letitia Stratton
14. NAME OF HUSBAND OR WIFE Byrdie Nerlich Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-03-8745
17. INFORMANT'S SIGNATURE OR NAME Mrs. Byrdie N. Cole, 36 E. 54th St., KC Mo — 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) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 8 Mos

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Broncho genic Ca Lt Lung
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 162X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/1, 1939, *to* 1/23, 1952, *that I last saw the deceased alive on* 1/23, 1952, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert C. McClanahan (Degree or title) MD 0
23b. ADDRESS 820 Professional Bldg
23c. DATE SIGNED 1/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 1/25/52
24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 1-24-52
REGISTRAR'S SIGNATURE Geraldine Halmes
25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE, Kansas City, Missouri — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

Dr B C McClanahan 10-12
Troy Bldg

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 Eugene [illegible]

Licensed Embalmer No. 11633

P. O. Address Kansas City, 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.