S. No. 300
v. 10-48

Clara Cole

FILED JUL 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21046

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 21

0540
1

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

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural R. R. 2 Lexington
c. LENGTH OF STAY (in this place): 34 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 miles City limits S. East Lexington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R. R. 2 Lexington rural 0540
d. STREET ADDRESS (If rural, give location): 5 miles City limits Southeast Lexington

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle): M
c. (Last): Cole

4. DATE OF DEATH (Month) (Day) (Year): June 1, 1952

5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): Married 1
8. DATE OF BIRTH: Oct 5, 1898
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months 7, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own home House Keeping
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edward Lincoln
13b. MOTHER'S MAIDEN NAME: Mayme Washington
14. NAME OF HUSBAND OR ~~WIFE~~: Robert Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Robert Cole — ADDRESS: Lexington Mo

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): Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: not known

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma left breast
DUE TO (c):

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 170x
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* April 20, 1952, *to* May 25, 1952 *that I last saw the deceased alive on* 22 May, 1952, *and that death occurred at* 4:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joe W. Ward M.D.
23b. ADDRESS: 1315 Franklin Ave Lexington Missouri
23c. DATE SIGNED: July 1/52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 3 1952
24c. NAME OF CEMETERY OR CREMATORY: Perie Church
24d. LOCATION (City, town, or county) (State): Lafayette County Mo.

DATE REC'D BY LOCAL REG.: July 3 1952
REGISTRAR'S SIGNATURE: Minnie L. Englehardt 156-0
25. FUNERAL DIRECTOR'S SIGNATURE: George H. Green — ADDRESS: Marshall Mo

(Licensed Embalmer's Statement on Reverse Side)

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 George H Green

Signed.....
Student Embalmer

Licensed Embalmer No. 4220

P. O. Address Marshall, 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.