

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2049**

FILED **174**

BIRTH NO. _____		REG. DIST. NO. <b>174</b>		PRIMARY REG. DIST. NO. <b>5644</b>		Registrar's No. <b>15</b>	
1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lexington</b>		c. LENGTH OF STAY (In this place) <b>0 HOURS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lexington</b>		<b>054</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7 miles southeast of Lex.</b>				d. STREET ADDRESS (If rural, give location) <b>2 miles south of Lex.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lillard</b> b. (Middle) <b>M</b> c. (Last) <b>Cole</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January 21 1953</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 30, 1898</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>54 4 21</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self employed</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lexington, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Wm. Pettis Cole</b>		13b. MOTHER'S MAIDEN NAME <b>Lulah McGee</b>		14. NAME OF HUSBAND OR WIFE <b>Mildred Jordan</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mildred Cole, Lexington, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Coronary Occlusion</b> ANTECEDENT CAUSES <b>This man left his work when he was covering a new house. Complaining of not feeling well. He was found dead in his car 1/2 mile from where he ran into a fence &amp; in evidence of violence.</b> II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>M surgery</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <b>NO</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>4201</b>		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <b>1953</b> to <b>Jan 21, 1953</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2 P. m.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dr. Martin and Coroner 3</b>				23b. ADDRESS <b>O. L. L. L. L.</b>		23c. DATE SIGNED <b>1-21-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>January 24, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Lexington, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>1-31-53</b>		REGISTRAR'S SIGNATURE <b>Anna S. Eastbrook</b>		FUNERAL DIRECTOR'S SIGNATURE <b>James F. Taylor, Lexington, Missouri</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

054  
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MAY 17 1955

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 Geo. W. Hearn

Licensed Embalmer No. 2983

P. O. Address Livingston, Missouri

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.