

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9304

State File No. ....

No. 300  
10.48 FILED MAR 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 38

352  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harnersville</u> 0350	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>Harnersville G.B.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dresnell Hospital</u>			

3. NAME OF DECEASED a. (First) <u>John</u>		b. (Middle) <u>Palmer</u>		c. (Last) <u>Cole</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar-14-1953</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Mar 9th. 1887</u>	9. AGE (in years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>5</u>	IF UNDER 2 HRS. Hours <u>5</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Commissioner Fishery, Fish. Man</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Harnersville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Wiley Newton Cole</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Clifton</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jack Cole</u>	ADDRESS <u>Harnersville Mo</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>002X</u>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-10, 1953, to 3-14, 1953, that I last saw the deceased alive on 3-14, 1953, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L.P. Wilson</u> (Degree or title)	23b. ADDRESS <u>Kenned. Mo.</u>	23c. DATE SIGNED <u>3-16-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/15/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harnersville</u>	24d. LOCATION (City, town, or county) (State) <u>Harnersville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-20-1953</u>	REGISTRAR'S SIGNATURE <u>Carl Husband</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.T. Emura</u>	ADDRESS <u>Janshaw</u>
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(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 3 - 21 - 5  
COUNTY FILE NUMBER 359-8 .....

**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 Tom A. Emerson

Licensed Embalmer No. 895

P. O. Address Jonesboro, Ark

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.