

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **4495**

No. 300

10.48

BIRTH NO. **FILED FEB 23 1954** REG. DIST. NO. **120** PRIMARY REG. DIST. NO. **4198** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY At home Gentry Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN King City	
c. LENGTH OF STAY (in this place) 60 yrs.		d. STREET ADDRESS (If rural, give location) 0380	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home		e. ADDRESS 0	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Lee c. (Last) Cole			4. DATE OF DEATH (Month) (Day) (Year) Feb. 10. 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5.29.1866	9. AGE (In years last birthday) 87	10. IF UNDER 1 YEAR OF UNDER 12 HOURS Min. 2 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mortician		10b. KIND OF BUSINESS OR INDUSTRY Mortician	11. BIRTHPLACE (State or foreign country) Fillmore Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jessie Cole.	13b. MOTHER'S MAIDEN NAME Caroline Osborn	14. NAME OF HUSBAND OR WIFE Virginia Petty Cole
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Virginia Betty Cole. ADDRESS King City Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 **June 1936**, 19, to **2.10.1954**, 19, that I last saw the deceased alive on **2.10.1954**, 19, and that death occurred at **9:25A M**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jack G. Barnes, D.O.	23b. ADDRESS King City Mo.	23c. DATE SIGNED 2.11.54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2.13.1954	24c. NAME OF CEMETERY OR CREMATORY Savannah	24d. LOCATION (City, town, or county) (State) Savannah Mo.
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DATE REC'D BY LOCAL REG. Feb 13 54	REGISTRAR'S SIGNATURE Maudie Welland	462	25. FUNERAL DIRECTOR'S SIGNATURE R. J. Pappert ADDRESS King City Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 R. A. Tappart

Licensed Embalmer No. 2563

P. O. Address King 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.