

No. 300
10. 48

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16696**

FILED JUN 15 1954

REG. DIST. NO. 231

PRIMARY REG. DIST. NO. 4346

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Montgomery.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Montgomery City</u>	c. LENGTH OF STAY (in this place) <u>90 years</u>	c. CITY OR TOWN <u>Montgomery City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION.		e. STREET ADDRESS (If rural, give location) <u>0700</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Moses</u>	b. (Middle)	c. (Last) <u>Cole</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 31, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) <u>73-^{abt}</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Preacher (retired)</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ben Cole</u>	13b. MOTHER'S MAIDEN NAME <u>Mariah McMahone</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-14-1447</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alfred Cole</u>	ADDRESS <u>1604 Baker E. St. Louisiana</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Tumor of Prostate (obstructive)</u>		<u>3 YEARS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>UREMIA -</u>		<u>1-WEEK</u>
DUE TO (c) <u>Chronic-interstitial Nephritis</u>		<u>10 YEARS</u>	
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"/>
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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)	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 April 12, 1953, to May 31, 1954, that I last saw the deceased alive on May 29, 1954, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Van Orsdale</u>	23b. ADDRESS <u>004 Montgomery City, Mo.</u>	23c. DATE SIGNED <u>6-1-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 6, '54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hopewell, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6/5/54</u>	REGISTRAR'S SIGNATURE <u>Laura B. Caraway</u>	500-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schlanke Funeral Home</u>	ADDRESS <u>Montgomery City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *E. Boone Schlueter*.....

Licensed Embalmer No. *413*.....

P. O. Address *Montgomery*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.