

FILED SEP 8 1954

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28596

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>292</u>		PRIMARY REG. DIST. NO. <u>5999</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Ralls,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Ralls,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Center Township)</u>			c. LENGTH OF STAY (In this place) <u>50Yrs</u>		c. CITY OR TOWN <u>R.F.D.Center, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Center, Mo. R.F.D.</u>				e. STREET ADDRESS (If rural, give location) <u>Rural (Center Township)</u>				0870	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>			b. (Middle) <u>E.</u>		c. (Last) <u>Cole.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 23, 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 6, 1864</u>		9. AGE (In years last birthday) <u>90</u>	
						IF UNDER 1 YEAR <u>5</u> Days		IF UNDER 4 HRS. <u>17</u> Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Prinston, Virginia</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Chas Jenks.</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Van Vactor</u>			14. NAME OF HUSBAND OR WIFE <u>Thornotn Cole.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Everett Cole.</u>			ADDRESS <u>Center, Mo. R.F.D.</u>		
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis (Acute)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute diffuse Nephritis</u>				<u>1 mo</u>	
				DUE TO (c) <u>Unknown</u>					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None known</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>July 23, 1954</u> , to <u>Aug. 23, 1954</u> , that I last saw the deceased alive on <u>Aug. 23, 1954</u> and that death occurred at <u>2:50 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>C. H. Brooks</u>				23b. ADDRESS <u>D.O. Center, Missouri.</u>			23c. DATE SIGNED <u>8-24-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-25-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Center, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>8-24-1954</u>		REGISTRAR'S SIGNATURE <u>Clyde C. Wilkey</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde C. Wilkey</u>		ADDRESS <u>Perry, Mo.</u>		

(Licensed Embalmer's Statement of 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 *Alyde W. Wiley*.....

Licensed Embalmer No. *28*.....

P. O. Address *Perry*.....

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.