

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32530

FILED OCT 14 1954

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2291

1. PLACE OF DEATH a. COUNTY <u>St. Louis County, Missouri.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>St. Louis,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights.</u>		c. LENGTH OF STAY (In this place) <u>80 days</u>	c. CITY OR TOWN <u>Clayton 5,</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 <u>St. Mary's Hospital.</u>		e. STREET ADDRESS (If rural, give location) <u>#6354 San Bonita Avenue.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROY</u>	b. (Middle) <u>HUNTER</u>	c. (Last) <u>COLE.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sep't 29th, 1954.</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>Married.</u>	8. DATE OF BIRTH <u>July 22, 1903.</u>	9. AGE (In years last birthday) <u>49.</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Radio Engineer.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Station K.S.D.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>McAllister, Oklahoma.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Preslie Cole.</u>	13b. MOTHER'S MAIDEN NAME <u>Maude Winter.</u>	14. NAME OF HUSBAND OR WIFE <u>Donna Cole.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>405.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Donna Cole,</u> ADDRESS <u>6354 San Bonita Ave.</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 <u>8 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary occlusion</u>		
	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"/>
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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 9-21-, 1954, to 9-29, 1954, that I last saw the deceased alive on 9-28-, 1954, and that death occurred at 7:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>354 Central Clayton Mo</u>	23c. DATE SIGNED <u>9-29-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9/29/54.</u>	24c. NAME OF CEMETERY OR CREMATORY (unknown)	24d. LOCATION (City, town, or county) (State) <u>Oklahoma City, Oklahoma.</u>
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DATE REC'D BY LOCAL REG. <u>9/29/54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Lupton &amp; Sons,</u> ADDRESS <u>#7233 Delmar Blvd.,</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr Janney.  
#35 N. Central.  
PA: 5-9100.  
Hrs 9 - 12.

NOV 5  
1951

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 *Clarence J. Mer*.....

Licensed Embalmer No. *4011*  
P. O. Address *St. Louis*.....

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.