

FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17510

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 73	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newada</u>		c. LENGTH OF STAY (In this place) <u>4 years</u>		c. CITY OR TOWN <u>Newada</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>1025 E. Wootter</u>				e. STREET ADDRESS (If rural, give location) <u>1025 E. Wootter 10820</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Rile</u> c. (Last) <u>Cole</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 11 1955</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>May 2/1885</u>		9. AGE (In years) (Last birthday) <u>70</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Filley, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James H. Cole</u>			13b. MOTHER'S MAIDEN NAME <u>Lucinda Salec</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wanda Cole</u>			ADDRESS <u>1407 E. Walnut</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apparent Heart attack</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 or 5 hrs. when found</u>
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Condition</u> DUE TO (c) <u>was found dead, had been found.</u>			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>dead approximately 4 or 5 hrs. when found.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no inquest, no medical history</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.) <u>Newada</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Vernon MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4:34</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>never</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter D. Thurman, 3, Coroner</u>				23b. ADDRESS <u>Newada, Missouri</u>		23c. DATE SIGNED <u>5-12-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 13, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Deerpawnd Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Newada, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-14-1955</u>		REGISTRAR'S SIGNATURE <u>Uma S. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home</u>		ADDRESS <u>Newada, Mo</u>	

(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 *L. J. Taylor*.....

Licensed Embalmer No. *119*.....

P. O. Address *Here*.....

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.