

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27133

State File No.

FILED SEP 13 1955

BIRTH NO. _____		REG. DIST. NO. <u>264</u>		PRIMARY REG. DIST. NO. <u>5-892</u>		Registrar's No. <u>18</u>			
1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Boone</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural DART Township</u>		c. LENGTH OF STAY (in this place) <u>10 hours</u>		c. CITY OR TOWN <u>Springfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Norfolk Lake</u>				e. STREET ADDRESS (If rural, give location) <u>P.O. 2 Box 200 03901</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Erver</u>		b. (Middle) <u>Cleveland</u>		c. (Last) <u>Cole</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 2 1955</u>			
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6-12-1889</u>			
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Brandon, Mo.</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Brandon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Rube Cole</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Joplin</u>			
14. NAME OF HUSBAND OR WIFE <u>Gertrude H. Cole, Ssg.</u>		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>702-07-2062</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gertrude Cole Springfield Mo.</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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>MIN.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9298</u> <u>42</u>				19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Norfolk Lake</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>DART Township 03901 Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 2 55 20 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Drowned while swimming</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 <u>2:45 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. R. Cherry</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Gainesville Mo.</u>		23c. DATE SIGNED <u>9-3-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-2-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Easttown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9/12/55</u>		REGISTRAR'S SIGNATURE <u>Shane Mahan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clint Kingland</u>		ADDRESS <u>Gainesville Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1958

MAY 21 1958

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 *John H. Eisey*

Licensed Embalmer No. 488

P. O. Address *Garrison*

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.