

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 6 1956

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Carroll.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton. Same</u>		c. LENGTH OF STAY (In this place) <u>6 Days</u>		c. CITY OR TOWN <u>Norborne.</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Atwood Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>605 S. Elm Street.</u> <u>0170</u>			
3. NAME OF DECEASED a. (First) <u>Dr. Bid</u> (Type or Print)			b. (Middle) <u>Cooper</u>		c. (Last) <u>Cole</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 29, 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 2, 1889</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Physician, M.D.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Stigler, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Neile Cole</u>		13b. MOTHER'S MAIDEN NAME <u>Martha McDaniel</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War One</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Harry Mattov</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Medical Corps.</u>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain tumor (cerebral)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 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) m.		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>Feb 23, 1956</u> , to <u>Feb 29, 1956</u> , that I last saw the deceased alive on <u>Feb 29, 1956</u> , and that death occurred at <u>6:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John H. Platy M.D.</u>				23b. ADDRESS <u>Carrollton, Missouri</u>		23c. DATE SIGNED <u>2-1-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3/2/ 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Norborne, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>3-3-56</u>		REGISTRAR'S SIGNATURE <u>Mrs Norbert Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John G. Hutch Norborne Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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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. Me working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed John G. Ditch  
Licensed Embalmer No. 3655

P. O. Address Naubone

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.