

FILED JUL 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24888

State File No.

6191

| | | | | | | | |
|--|--|--|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arizona b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN Phoenix | | 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 Jewish Hospital | | | | e. STREET ADDRESS (If rural, give location) _____ | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) KENNETH b. (Middle) _____ c. (Last) COLE | | | 4. DATE OF DEATH (Month) (Day) (Year) July 1, 1956 | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Aug 7, 1929 | |
| 9. AGE (In years last birthday) 26 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | | 11. BIRTHPLACE (City and State or Foreign Country) Duluth Minn. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager | | 10b. KIND OF BUSINESS OR INDUSTRY Finance | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME Unk. | |
| 13b. MOTHER'S MAIDEN NAME Unk. | | 14. NAME OF HUSBAND OR WIFE Jacqueline Cole | | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown | |
| 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. I. C. Middleman - 9 Wendover Place | | | | | |
| 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) RETROPERITONEAL LYMPHOMA Retroperitoneal lymphoma 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. | | | | INTERVAL BETWEEN ONSET AND DEATH 2 mos. | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION Confirms diagnosis CONFIRMS - DIAPHRAGM | | | | 20. AUTOPSY? YES <input checked="" 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) (Minute) 7-1-56 | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | | | |
| 22. I hereby certify that I attended the deceased from 7/1 , 19 56 , at 8:15 P.M. , 19 56 , that I last saw the deceased alive on 7/1 , 19 56 , and that death occurred at 8:15 P.M. , from the causes and on the date stated above 7-2-56 | | | | | | | |
| 23a. SIGNATURE I. C. Middleman <i>I. C. Middleman</i> | | | | 23b. ADDRESS 462 N Taylor <i>M.L.M.D. 462 N. Taylor</i> | | 23c. DATE SIGNED 7/2/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 7/2/56 | | 24c. NAME OF CEMETERY OR CREMATORY Temple Emanuel Cemetery | | 24d. LOCATION (City, town, or county) (State) Duluth, Minn. | |
| DATE REC'D BY LOCAL REG. JUL 2 1956 | | REGISTRAR'S SIGNATURE <i>Carl Smith</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindskopf, Inc., 5216 Delmar | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 20 1956

1956, 4 2 10491

65, 2 7 157

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 Peter B. DuBois

Licensed Embalmer No. 3691

P. O. Address 5 Hug M

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.