

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30638

STATE FILE NUMBER

FILED OCT 3 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 40720

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City 14.3118		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Veterans Adm Hospital				Length of stay in 1b 5 yrs		d. STREET ADDRESS (If outside, give location) 8716 Maiden Lane	
3. NAME OF DECEASED (Type or print) First William Middle B. Last Cole Sr.				4. DATE OF DEATH Month September Day 15 Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 13, 1909	9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done last part of week, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
Clerk-Freight rate		Trucking: BUREAU		Augusta, Georgia		USA	
13. FATHER'S NAME William H. Cole				14. MOTHER'S MAIDEN NAME Beulah L. Jesse			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 718 10 9337		17. INFORMANT Address VA Hospital Records, K. C. Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hodgkins Disease						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Aspiration pneumonia	
						DUE TO (c) 201K	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. VA attended the deceased from Aug. 23 '56 to Sept. 15, 1956							
Death occurred at 9:07 am. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE L. G. Agee (Degree or title) M.D.				22b. ADDRESS VA Hospital, K. C. Mo.		22c. DATE SIGNED 9-15-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE SEPT 17 1956		23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or county) (State) MEMPHIS TENNESSEE	
24. FUNERAL DIRECTOR S. W. Newcomer's Sons		ADDRESS 1331 Brush creek		25. DATE RECD. BY LOCAL REG. 9-17-56		26. REGISTRAR'S SIGNATURE Neva Minshel	

(Licensed Embalmer's Statement on Reverse Side)

OCT 28 1956
OCT 28 1956
1956

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 *Edward M. Stone*

Licensed Embalmer No. *44*

P. O. Address: *K.S., 10*

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.