

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31311

State File No.

BIRTH NO. 61232-56 REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>BROOKFIELD</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOCTORS HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)		<u>0550</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLEN RAYLENE COLE</u> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 14, 1956</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>SEPT. 14, 1956</u>
9. AGE (In years last birthday) <u>5</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>BROOKFIELD, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>RAYMOND LEE COLE</u>	
13b. MOTHER'S MAIDEN NAME <u>KAREN LUVELLA GILLESPIE</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)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>RAYMOND L. COLE</u>		ADDRESS <u>BROOKFIELD, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital atelectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature birth</u> 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 checked="" type="checkbox"/>		<u>7625</u>	
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)	
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>Sept 14</u> , 19 <u>56</u> , to <u>Sept 14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Sept 14</u> , 19 <u>56</u> , and that death occurred at <u>9:30 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. A. Dinkelmann M.D.</u>		23b. ADDRESS <u>Bushlin mo</u>	
23c. DATE SIGNED <u>9-15-56</u>		23d. SIGNATURE	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 15, 1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL</u>		24d. LOCATION (City, town, or county) (State) <u>BROOKFIELD, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-15-56</u>		REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>WRIGHT FUNERAL HOME, BROOKFIELD, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

167
0

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..

NOT EMBALMED.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.