

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

34913

State File No. _____

No. 300
10-48

FILED OCT 22 1956

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 69

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

1. PLACE OF DEATH a. COUNTY <u>Peniscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Peniscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u>		c. LENGTH OF STAY (in this place) <u>5 Years</u>	c. CITY OR TOWN <u>Caruthersville</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rear 411 W. 8th. Street</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>Rear 411 W. 8th. Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u> b. (Middle) <u>Anna</u> c. (Last) <u>Cole</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 10, 1956</u>		
---	--	--	---	--	--

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 2nd. 1908</u>		9. AGE (In years last birthday) <u>48</u>		# UNDER 1 YEAR Months _____ Days _____ # UNDER 48 Hrs. Hours _____ Min. _____	
--------------------------------	--	---	--	---	--	--	--	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Layette County, Tennessee</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
--	--	--	---	--	--	---	--	--	---	--	--

13a. FATHER'S NAME <u>Willie Obie</u>			13b. MOTHER'S MAIDEN NAME <u>Victoria Wright</u>			14. NAME OF HUSBAND OR WIFE <u>Henry L. Cole</u>		
---	--	--	--	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Henry L. Cole Caruthersville, 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>Carcinoma of Cervix - Generalized Metastases</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	
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 <u>171X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 4/1/55, 1955, to 10/10, 1956, that I last saw the deceased alive on 10/10, 1956, and that death occurred at 5:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carole R. McCoy M.D.</u>			(Degree or title) <u>MD</u>			23b. ADDRESS <u>Caruthersville Mo.</u>		23c. DATE SIGNED <u>10/11/56</u>	
--	--	--	-----------------------------	--	--	--	--	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 14, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>			
---	--	--	--	---	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>Oct 13, 1956</u>		REGISTRAR'S SIGNATURE <u>Fredrick A. White</u>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>H.S. Smith Funeral Home C'Ville, Mo.</u>				
--	--	--	--	--	--	--	--	--	--

10-273-56

OCT 19 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *W. Denver Fike*.....

Licensed Embalmer No. *4484*.....

P. O. Address *Caruthersville*.....

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.