

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

39307

FILED NOV 28 1956

State File No. 10014
Registrar's No. 10014

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Clair</u>	
b. CITY OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Clair</u>	
c. LENGTH OF STAY (in this place) <u>35 d.</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 HOSPITAL OR INSTITUTION <u>Mo Pacific Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Box #7 St. Clair</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Middle</u> b. (Middle) <u>Etha</u> c. (Last) <u>Cole</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 2 56</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Oct 31 - 1898</u>		9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse (Retired - 2 Years)</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (City and State or Foreign Country) <u>Mayne Co., Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Thomas Grisham</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Harrison</u>		14. NAME OF HUSBAND OR WIFE <u>Late Albert LeRoy Cole</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kathryn Lewis-Box #7 St. Clair, 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>Cirrhosis of liver</u> ANTECEDENT CAUSES <u>Bilateral Bronchopneum.</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Nutritional Deficiency</u> DUE TO (b) <u>Secondary to multiple</u> DUE TO (c) <u>gastric-intestinal reactions</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>10 days</u> <u>10 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bilateral Chronic</u> <u>Retenophantus</u>				<u>20 yrs</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5.81.0</u>		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)		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 Sept 27, 1956, to Oct 12, 1956 that I last saw the deceased alive on 11-2, 1956, and that death occurred at 1.35 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R.W. Kelley</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>St. Louis 520 Washington</u>		23c. DATE SIGNED <u>11/2/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 5, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>NOV 2 1956</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u> ADDRESS <u>4228 S. Kings Highway Bl.</u>	
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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..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Richard W. Storrsan*

Licensed Embalmer No. *400*

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.