

FILED MAR 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5289

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL Joachim			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Festus		0-500 0	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION L			Length of stay in 1b	d. STREET ADDRESS R#2. (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Thomas L. Cole			First	Middle	Last	4. DATE OF DEATH 2-15-57	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 8, 1921	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Worker	10b. KIND OF BUSINESS OR INDUSTRY Metal Work	11. BIRTHPLACE (City and state or country) Minneapolis, Minn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Charles Cole	14. MOTHER'S MAIDEN NAME Grace Bradford	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW 2	16. SOCIAL SECURITY NO. 477-1A-9522
17. INFORMANT Mildred Martin Cole	Address Festus Mo. R#2.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEAD & Chest INJURIES (Accidental) DUE TO (b) _____ DUE TO (c) _____ 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 type="checkbox"/> NO <input checked="" type="checkbox"/>	INTERVAL BETWEEN ONSET AND DEATH None	20a. ACCIDENT <input checked="" 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.) Single car auto accident.				
20c. TIME OF INJURY 6:40 p.m.	Hour	Month, Day, Year 2/15/57	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway	20f. CITY, TOWN, OR LOCATION Festus	COUNTY JEFF. 550	STATE Mo.
21. I attended the deceased from Inquest to _____ and last saw her/him alive on _____ Death occurred at 6:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Samuel C. Fildes, M.D. Coroner				22b. ADDRESS Festus Mo.		22c. DATE SIGNED 2/16/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-19-57	23c. NAME OF CEMETERY OR CREMATORY RoseLawn Garden	23d. LOCATION (City, town, or county) (State) Crystal City - Mo.				
24. FUNERAL DIRECTOR Anthony L. Palitto	ADDRESS Crystal City	25. DATE RECD. BY LOCAL REG. 2-18-57	26. REGISTRAR'S SIGNATURE James G. Higgins				

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. 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.

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

MAR 1 1957

MAR 22 1957

DATE RECEIVED.

FEB 26 1957

MAR 18 1957

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 *Quincy R. Peltier*

Licensed Embalmer No. *34*

P. O. Address *Crystal*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.