

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 3 1957

16215

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 579

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph, <i>all 70</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 914 N 3rd St.,			Length of stay in 1b 2yrs		d. STREET ADDRESS 914 No 3rd St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Martin Nursing Home William Spencer Cole				4. DATE OF DEATH Month Day Year May 21, 1957					
5. SEX male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH May 27, 1875		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Re. Laborer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) White Cloud Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Cole				14. MOTHER'S MAIDEN NAME Martha Hopkins					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Wm. Teague Westboro, 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) Arteriosclerotic Heart Disease								INTERVAL BETWEEN ONSET AND DEATH Unk.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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"/> 2	
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.) 4200						
20c. TIME OF INJURY Hour Month, Day, Year 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. I attended the deceased from 3/28/57 to 5/21/57 and last saw <input checked="" type="checkbox"/> him alive on 5/20/57. Death occurred at 1:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE S.E. Meluney, (Degree or title) M.D.					22b. ADDRESS Social Welfare Board 10th & olive, Patee Hall St. Joseph, Missouri			22c. DATE SIGNED 5/22/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 5/28/57		23c. NAME OF CEMETERY OR CREMATORY New Liberty Cemetery		23d. LOCATION (City, town, or county) (State) Mound City Mo			
24. FUNERAL DIRECTOR <i>Paul Patey</i>			ADDRESS St. Joseph, Mo		25. DATE RECD. BY LOCAL REG. May 29, 1957		26. REGISTRAR'S SIGNATURE Esther M. Allison		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *John E. Duff* .....  
Licensed Embalmer No. *398*

P. O. Address *St. Joseph*

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.