

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20813

STATE FILE NUMBER

FILED JUL 15 1957

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 116

|   |                           |   |  |   |  |   |   |
|---|---------------------------|---|--|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Grundy   |                           |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Mercer |  |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Trenton, Mo  |                           |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | c. CITY OR TOWN Ravanna                            |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Wrights Hospital   |                           |   | Length of stay in 1b<br>6 hrs  |   | d. STREET ADDRESS 0650 (If outside, give location) |   | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Albert Middle Cole Last Cole   |                           |   |  | 4. DATE OF DEATH<br>Month 6 Day 30 Year 57  |  |   |   |
| 5. SEX<br>male <input type="radio"/>  | 6. COLOR OR RACE<br>white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>2-14-1899  |   | 9. AGE (In years last birthday)<br>58              |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>farmer   |                           | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br>Mercer Co., Mo  |  | 12. CITIZEN OF WHAT COUNTRY?<br>USA   |   |
| 13. FATHER'S NAME<br>Frank Cole   |                           |   |  | 14. MOTHER'S MAIDEN NAME<br>Alice Linn  |  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service)<br>no  |                           | 16. SOCIAL SECURITY NO.<br>498-40-6449  |  | 17. INFORMANT Address<br>Mrs Alpha Cole, Newtown, Mo  |  |   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Coronary Occlusion   |                           |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>10 1/2 hrs.   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                           |   |  |   |  | DUE TO (b) Coronary insufficiency.  |   |
|   |                           |   |  |   |  | DUE TO (c) Second attack, first 6 yrs. ago  |   |
| 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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| 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.)      |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m. p. m.   |                           |   |  |   |  |   |   |
| 20d. INJURY OCCURRED<br>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 Dec 1949 to June 30 1957 and last saw her alive on Dec 30 1957. Death occurred at 4:42 PM on the date stated above; and to the best of my knowledge, from the causes stated. |                           |   |  |   |  |   |   |
| 22a. SIGNATURE (Degree or title)<br>D. S. Friston M.D.  |                           |   |  | 22b. ADDRESS<br>Princeton, Mo   |  | 22c. DATE SIGNED<br>7/1/57  |   |
| 23a. BURIAL, CREMATION, REMOVAL, ETC. (Type)<br>burial  |                           | 23b. DATE<br>7-2-57   |  | 23c. NAME OF CEMETERY OR CREMATORY<br>Ottebein  |  | 23d. LOCATION (City, town, or county)<br>Mercer Co., Mo (State)                                   |   |
| 24. FUNERAL DIRECTOR<br>Noel Moss<br>ADDRESS<br>Princeton, Mo   |                           |   | 25. DATE RECD. BY LOCAL REG.<br>7/2/57   |   | 26. REGISTRAR'S SIGNATURE<br>Gene Fair             |   |   |

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 17 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 me....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Paul Mass.....

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.