

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2539

STATE FILE NUMBER

FILED JAN 21 1958

Registration District No. 316

Primary Registration District No. 6073

Registrar's No. 9

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before) a. STATE MISSOURI b. COUNTY ST. FRANCOIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rt. 1 Bonne Terre		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Bonne Terre Rt. 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry Twp.		Length of stay in 1b Lifetime	d. STREET ADDRESS (If outside, give location) 4440 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ELLA Middle COLE Last BLACKWELL			4. DATE OF DEATH Month Jan. Day 8 Year 1958		
5. SEX Female	6. COLOR OR RACE White.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 16, 1874	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 2 Days 22 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Blackwell, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Rolla Cole			14. MOTHER'S MAIDEN NAME Mary Long		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Clyde Blackwell Bonne Terre, 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) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic coronary artery disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201					INTERVAL BETWEEN ONSET AND DEATH 1-2 hrs. ?
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.) 4201		
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 6/22/55 to 1/8/58 and last saw her alive on 1/8/58 Death occurred at 8:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Ella Cole Blackwell</i> (Degree or title)			22b. ADDRESS Bonne Terre, Mo.		22c. DATE SIGNED 1/10/58
23a. BURIAL, CREMATION, OR DISPOSAL Burial		23b. DATE 1-11-58	23c. NAME OF CEMETERY OR CREMATORY St. Francois Memorial		23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.
24. FUNERAL DIRECTOR BOYER Funeral Service		ADDRESS Terre, Mo.		25. DATE RECD. BY LOCAL REG. Jan. 10, 1958	26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>

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.....

Licensed Embalmer No..... 366

Desloge, M
P. O. Address.....

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.