THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4108

FILED FEB 14 1958

Registration District No. 333 Primary Registration District No. 3024 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN: Sikeston — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bel-Air Nursing Home 7½ Mi. — Length of stay in 1b: 92 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Michigan b. COUNTY: Washtenaw
c. CITY OR TOWN: Ypsilanti — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 506 Emmett St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Fannie Middle: — Last: Cole

4. DATE OF DEATH Month Day Year: January 28, 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARITAL STATUS: MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: May 1, 1879

9. AGE (In years last birthday): 78 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Waynesboro, Tennessee USA

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: John Prince

13b. MOTHER'S MAIDEN NAME: Mary Unknown

14. NAME OF HUSBAND OR WIFE: John P. Cole

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: None

17. INFORMANT: John P. Cole — Address: 519 Congress St. Ypsilanti, Michigan

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 12 hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coron. arteriosclerosis.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertension. Prior hemiplegia. 331X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT / SUICIDE / HOMICIDE [ ] [ ] [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

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 ? Oct. 1957 to 1/28/58 and last saw her/him alive on 1/28/58
Death occurred at 3:10 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. D. Urban, M.D.

22b. ADDRESS: Sikeston

22c. DATE SIGNED: 2-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 30, 1958

23c. NAME OF CEMETERY OR CREMATORY: Maple Cemetery

23d. LOCATION (City, town, or county) (State): Caruthersville, Missouri

24. FUNERAL DIRECTOR: H.S. Smith Funeral Home — ADDRESS: Caruthersville Missouri

25. DATE RECD. BY LOCAL REG.: 2-5-58

26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DATE RECEIVED FEB 10 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 258-44

FEB 14 1958

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 W. Denver Fike

Licensed Embalmer No. 4484

P. O. Address Cape Girardeau Missouri

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.