

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013773

STATE FILE NUMBER

FILED APR 25 1958

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 5

S. 300
1-57

0360
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pacific</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Pacific 0360</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Madison</u> Last <u>Cole</u>			4. DATE OF DEATH Month <u>Apr</u> Day <u>6</u> Year <u>1958</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 16, 1874</u>	9. AGE (In years last birthday) <u>83</u> 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) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>James Cole</u>		13b. MOTHER'S MAIDEN NAME <u>Lueinda Whitworth</u>		14. NAME OF HUSBAND OR WIFE <u>Rebecca Cole.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-28-4417</u>	17. INFORMANT Address <u>Pacific Mo.</u> <u>Philip Cole</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerosis - generalized</u> DUE TO (c) <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>abrupt.</u>	
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 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 <u>3-5-57</u> to <u>4-6-58</u> and last saw him alive on <u>4-6-58</u> Death occurred at <u>4-6-58: 8:15 PM.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Do not use title) <u>C. S. Puffer DO, 2</u>			22b. ADDRESS <u>Pacific Missouri</u>		22c. DATE SIGNED <u>4-7-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Apr 9, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pacific Cemetery Pacific</u>		23d. LOCATION (City, town, or county) (State) <u>Mo.</u>
24. FUNERAL DIRECTOR <u>Mrs. John L. Thibbs</u>		ADDRESS <u>Pacific Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Apr 9-58</u>	26. REGISTRAR'S SIGNATURE <u>Mary B. Gross</u>	

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 *Ralph. Oltmann*

Licensed Embalmer No. *4808*

P. O. Address *Union, Ma*

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.