

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018866

STATE FILE NUMBER

FILED JUN 3 1958 Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laf.</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lexington</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Lexington</b>		0540 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lexington Memorial</b>			Length of stay in lb <b>few hrs</b>		d. STREET ADDRESS (If outside, give location) <b>Rt#2</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Ethel</b> Middle Last <b>Cole</b>				4. DATE OF DEATH Month <b>M</b> Day <b>34</b> Year <b>1958</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1903</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>13</b> Hours <b>55</b> Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeper</b>		11. BIRTHPLACE (City and state of country) <b>Dover Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Mack Bolton</b>				14. MOTHER'S MAIDEN NAME <b>Cordie Bolton</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Miss Jane Bolton</b> Address <b>6427 Valley Rd K.C. Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b>							INTERVAL BETWEEN ONSET AND DEATH <b>few hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Coronary heart disease</b>		DUE TO (c) <b>Hypertension</b>		4201 <b>5 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Glomerulonephritis</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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 <b>6:15</b> Month <b>5</b> Day <b>13</b> Year <b>1958</b> a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Lexington, Mo.</b>		COUNTY <b>Lafayette</b>
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	STATE <b>Missouri</b>						
21. I attended the deceased from <b>1953</b> to <b>5/13/58</b> and last saw her/him alive on <b>5/13/58</b> Death occurred at <b>6:15</b> A.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Ben H. Blasler M.D.</b>				22b. ADDRESS <b>Lexington, Mo.</b>		22c. DATE SIGNED <b>5/15/58</b>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <b>May 15 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Dover Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Dover Missouri</b>			
24. FUNERAL DIRECTOR <b>George H. Green Marshall</b>		ADDRESS <b>28 May 1958</b>	25. DATE RECD. BY LOCAL REG. <b>28 May 1958</b>		26. REGISTRAR'S SIGNATURE <b>Wm. Eastbrook</b>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
0542  
0300  
1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Cause of death 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

**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 *George Green*.....

Licensed Embalmer No. *4*.....

P. O. Address *Mauch*.....

**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.