

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029587

STATE FILE NUMBER

FILED AUG 18 1958

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 92

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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  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY LINN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BROOKFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN R.F.D. LACLEDE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McLARNEY HOSPITAL		Length of stay in 1b	d. STREET ADDRESS 058 <sup>th</sup> (If outside, give location)
3. NAME OF DECEASED (Type or print) First MIDDLE LAST DANIEL GEORGE COLE			4. DATE OF DEATH Month Day Year AUG 11 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 7, 1898
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		9b. KIND OF BUSINESS OR INDUSTRY OWN FARM	9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) LACLEDE, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME GOBLE COLE		13b. MOTHER'S MAIDEN NAME LOTTIE SMITH	14. NAME OF HUSBAND OR WIFE JANICE HAMILL
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.	17. INFORMANT Address MRS. D.G. COLE LACLEDE, 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) Uremia			INTERVAL BETWEEN ONSET AND DEATH several months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Renal function failure; final uremia 3 days			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) Diabetic mellitus			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			260X
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) B.S. Howell M.D.		22b. ADDRESS Brookfield, Mo.	22c. DATE SIGNED 8-12-58
23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE AUG. 13, 1958	23c. NAME OF CEMETERY OR CREMATORY LACLEDE CEMETERY	23d. LOCATION (City, town, or county) (State) LACLEDE, Mo.
24. FUNERAL DIRECTOR ADDRESS WRIGHT FUNERAL HOME, Brookfield, Mo.		25. DATE RECD. BY LOCAL REG. 8-12-58	26. REGISTRAR'S SIGNATURE Katharine Johnson Dep.

FEB 7 1962

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 *Harold B. Wright* .....

Licensed Embalmer No. *3718* .....

P. O. Address *Brookfield, Mo.* .....

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.