

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037173
STATE FILE NUMBER

FILED NOV 5 1958 Registration District No. 218 Primary Registration District No. 57.84 Registrar's No. 37

300
-57
3

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN East Prairie		c. CITY OR TOWN Murphysboro	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jct. 55 and M Road		Length of stay in 1b 3 Weeks	
3. NAME OF DECEASED (Type or print) Luther Aaron Cole		4. DATE OF DEATH Month October Day 27 Year 1958	
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNMARRIED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 25, 1928
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) 29
11. BIRTHPLACE (City and state or country) Unk.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unk.		13b. MOTHER'S MAIDEN NAME Unk.	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean	
16. SOCIAL SECURITY NO. Unk.		17. INFORMANT Maggie Johnson, R.R. 2, D St. Murphysboro, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed skull			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) internal injuries			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Luther Cole driving on auto at average speed (40) miles per hour, turning on Highway 55 running in road ditch car over turning on top of Luther Cole as a result he was crushed to death.		
20c. TIME OF INJURY Hour 3:30 Month 10 Day 27 Year 58 X 3:30 P.M.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) County Highway # 55 Dorena, Mississippi Missouri		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION 067 COUNTY Mississippi STATE Missouri		
21. I attended the deceased from After death as to Coroner and last saw her alive on 3:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Luther M. Mittle</i> Coroner		22b. ADDRESS 3 Charleston, Missouri	22c. DATE SIGNED 10/28/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/28/58	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) Murphysboro, Ill.
24. FUNERAL DIRECTOR L. R. Spake ADDRESS Charleston, Mo.		25. DATE RECD. BY LOCAL REG. 10-29-58	26. REGISTRAR'S SIGNATURE <i>Getrude G. Kasper</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

NOV 21 1958

NOV 3 1958

County File No.
Date Filed 11/3/58

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 *Eddie Middleton*

Licensed Embalmer No. *5046*

P.O. Address *Cape Girardeau, 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.