

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038459

State File No. ....

FILED OCT 27 1958

BIRTH NO. ....

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 590

Registrar's No. 2487

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE <b>Okla.</b> b. COUNTY <b>Oklahoma</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Valley Park</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Oklahoma City 8350</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Moll Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>208 N.W. 22nd.</b>	

3. NAME OF DECEASED (Type or Print) <b>EVA ROBERTS COLE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 18, 1958</b>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 1, 1872</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (State or foreign country) <b>Sedalia, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>A. W. Roberts</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Foreman</b>	14. NAME OF HUSBAND OR WIFE <b>Charles O. Cole</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>447-32-8034A</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. E. W. Bashford</b>	ADDRESS <b>137 Plant Ave.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac dilatation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 Day</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis</b>		<b>2 yrs</b>
	DUE TO (c) <b>Arteriosclerotic Heart Disease</b>		<b>4 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4/200</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4-12, 1958**, to **10-18, 1958** that I last saw the deceased alive on **10-16, 1958** and that death occurred at **4:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>0</b>	23b. ADDRESS <b>Richard 22 Mo</b>	23c. DATE SIGNED <b>10/18/58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10-19-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Oklahoma City, Okla.</b>
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DATE REC'D BY LOCAL REG. <b>10-19-58</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Jones M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Parker-Aldrich Webster Groves</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

JAN 4 1963

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Leslie Welch*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4395*

P. O. Address *Woburn Grove*

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 this body is not embalmed, fact should be so stated above.