

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039747

STATE FILE NUMBER

FILED DEC 9 1958

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 85

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) <u>West Plains</u>		c. CITY OR TOWN <u>West Plains</u> 0461	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>879 Missouri</u>		d. STREET ADDRESS (If outside, give location) <u>879 Missouri</u>	
Length of stay in lb <u>12 yrs</u>		Reside on Farm <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Walter Eugene</u> Middle <u>Cole</u> Last <u>Cole</u>			4. DATE OF DEATH <u>11/28-58</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-27-1907</u>		9. AGE (In years, month, day, hour, min.) <u>56 1 1</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurant Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Paragonel Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
11. FATHER'S NAME <u>Edw Cole</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Hunter</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Cole</u>	

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. <u>no</u>		17. INFORMANT <u>Marie Cole, West Plains Mo</u>	
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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>HEART FAILURE</u>			INTERVAL BETWEEN ONSET, AND DEATH <u>MIN.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>OVER EXERTION from Shoveling snow</u> 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 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.) <u>Shovelng snow</u>		
20c. TIME OF INJURY Hour _____ 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 <u>West Plains Mo</u>		COUNTY _____	STATE _____
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>7:00 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) <u>Beatrice Cook, Registrar</u>		22b. ADDRESS <u>West Plains Mo</u>		22c. DATE SIGNED <u>12-5-58</u>	
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23a. BURIAL, CREMATION, RECOVERY (Specify)		23b. DATE <u>11/29-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Paragonel Ark</u>	
24. FUNERAL DIRECTOR <u>Robertson West Plains</u>		25. DATE RECD. BY LOCAL REG. <u>12-5-58</u>		26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 All diseases in Part I must be causally related.

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 *D. A. Roberts*

Licensed Embalmer No. *3430*

P. O. Address *West Hill*

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.