

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022515

STATE FILE NUMBER

X FILED JUL 14 1959 297

Registration District No. _____ Primary Registration District No. 6022 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Ray</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Twp</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 miles w. Richmond, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>3131 Wayne</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>WILBUR</u> Middle <u>EUGENE</u> Last <u>COLE</u>			4. DATE OF DEATH Month <u>July</u> Day <u>5</u> Year <u>1959</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/26/33</u>	9. AGE (last birthday) <u>25</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>9</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ford plant</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Afton Cole</u>		13b. MOTHER'S MAIDEN NAME <u>Felicia Rider</u>		14. NAME OF HUSBAND OR WIFE <u>Delores Cole</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>191-30-3219</u>		17. INFORMANT Address <u>Gerald Cole, 1815 E. 7th, K.</u>			
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>Injuries sustained in Automobile Accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.) <u>car collision with bridge abutment</u>					
20c. TIME OF INJURY Hour <u>9:15</u> p.m. Month, Day, Year <u>July 5 - 59</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>2 mi. w. Richmond</u>		20f. CITY, TOWN, OR LOCATION <u>Richmond Twp Ray</u>		COUNTY STATE <u>Mo</u>			
21. I attended the deceased from <u>9:15</u> to _____ and last saw <u>him</u> alive on _____ Death occurred at <u>9:15</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Sharon B. Gof Md. Coroner</u>			22b. ADDRESS <u>Richmond Mo.</u>		22c. DATE SIGNED <u>7/6/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>July 6, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>D.W. Newcomer's Sons, K.C. Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>7-8-1959</u>		26. REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 20 1959

JUL 23 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas J. Carter

Licensed Embalmer No. 447

P. O. Address Richmond

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.