

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 045165

FILED VS DEC 22 1959 316

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. Registrar's No. 483

ENDED

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|--|--|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY St Francois | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Louis | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marion Twp. | | Length of stay in 1b 3 days | | c. CITY OR TOWN Webster Groves | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laguna Palma Resort | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 554 N. Laclede Sta. Rd | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Marvin Middle Louis Last Cole | | | | 4. DATE OF DEATH Month Dec Day 16 Year 1959 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 12/16/1892 | 9. AGE (last birthday) 67 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
| 10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Supervisor | | | 10b. KIND OF BUSINESS OR INDUSTRY Union Electric | | 11. BIRTHPLACE (City and state or country) St Francois Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME William A. Cole | | | 13b. MOTHER'S MAIDEN NAME Gorda Dalton | | | 14. NAME OF HUSBAND OR WIFE Edna (McCarty) Cole | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Webster Groves, Mo. Mrs Edna Cole, 554 N. Laclede Sta. Rd./ | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY HEART DISEASE | | | | | | INTERVAL BETWEEN ONSET AND DEATH Few minutes | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | | | | | |
| 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 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.) | | | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> e.m. <input type="checkbox"/> p.m. <input type="checkbox"/> | | Month, Day, Year | | | | | |
| 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 | | COUNTY STATE | |
| 21. I attended the deceased from Oct 13, 1955 to Dec 12, 1959 and last saw him alive on Dec 12, 1959 Death occurred at 5:19 P A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE Vincent J Townsend MD | | | | 22b. ADDRESS 3101a Sutton Ave. Maplewood 17 Mo | | 22c. DATE SIGNED 12-19-59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal & | | 23b. DATE 12-21-59 | 23c. NAME OF CEMETERY OR CREMATORY Marvin Chapel Cemetery | | 23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo. | | |
| 24. FUNERAL HOME OR ADDRESS JAY B. SMITH, Maplewood, Mo. | | | | 25. DATE RECD. BY LOCAL REG. Dec. 19, 1959 | | 26. REGISTRAR'S SIGNATURE Ethel Rudloff | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 1 1960 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 J. Allen Davis

Licensed Embalmer No. 4050

P. O. Address Sh. Lou

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.