

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018968

FILED VS JUN 9 1960

Registration District No. 111 Primary Registration District No. 5426 Registrar's No. 121

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY FRANKLIN					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOLES		Length of stay in 1b 30yrs.		c. CITY OR TOWN Boles Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5mi West Pacific			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5mi. W. of Pacific		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Lemock Middle Wiley Last COLE				4. DATE OF DEATH Month 5 - Day 29 - Year 60					
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 2-6-1877	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and state or country) TEXAS COUNTY		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Clifford Cole			13b. MOTHER'S MAIDEN NAME NOT KNOWN (Nee: Pension)			14. NAME OF HUSBAND OR WIFE ETTER BELLE 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. NONE		17. INFORMANT Address Wife: Mrs. ETTER B. Cole				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic type lesion, heart disease, congestive heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral thrombosis - DUE TO (c) Cerebral thrombosis -							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) Gender lesion oblique						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 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 p.m.	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 May 16 1960 to May 29 60 and last saw him alive on 29-May 1960 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE [Signature] (Degree or title) MD				22b. ADDRESS Pacific Mo.				22c. DATE SIGNED 5/1/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-1-1960	23c. NAME OF CEMETERY OR CREMATORY Hill Cemetery		23d. LOCATION (City, town, or county) Bourbon, Mo.		(State)		
24. FUNERAL DIRECTOR BELL FUNERAL HOME - PACIFIC MO ADDRESS			25. DATE RECD. BY LOCAL REG. June 1-60		26. REGISTRAR'S SIGNATURE Mary B. Cross.				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 14 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~_____~~ Byron J. Bee _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Byron J. Bee _____

Licensed Embalmer No. 4977

P. O. Address Pacific, N.C.

Note: The above-MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.