

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031195

D VS SEP 6 1960

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon			Length of stay in 1b 98 days		c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri State Sanatorium				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 129 Brownell	
3. NAME OF DECEASED (Type or print) First Walter Middle G. Last Cole				4. DATE OF DEATH Month August Day 30 Year 1960			
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 2-3-94	9. AGE (last birthday) 66	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) City Employee		10b. KIND OF BUSINESS OR INDUSTRY City of Joplin		11. BIRTHPLACE (City and state or country) Cassville, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Henry Cole			13b. MOTHER'S MAIDEN NAME Rosa Stansberry		14. NAME OF HUSBAND OR WIFE Esther E. 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. 491-07-9348		17. INFORMANT Address San.records,Mo.State San.,Mt.Vernon,Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchogenic carcinoma, left upper lobe of lung							INTERVAL BETWEEN ONSET AND DEATH
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) emphysema, bilateral; Hypertension; Generalized arterio-sclerosis, moderate					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 _____ a.m. _____ 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 24, 1960 to Aug. 30, 1960 and last saw him ^{her} alive on Aug. 30, 1960 Death occurred at 3:55 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) C. Hellweg M.D.				22b. ADDRESS Mt. Vernon, Missouri		22c. DATE SIGNED 8-31-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-31-60	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park		23d. LOCATION (City, town, or county) Joplin		(State) Mo
24. FUNERAL DIRECTOR Steve Perdue Mortuary				25. DATE RECD. BY LOCAL REG. Aug 31 - 60		26. REGISTRAR'S SIGNATURE H. L. Loarsett	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Harvey C. Amice

Licensed Embalmer No. 4463

P. O. Address Springer Ave

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