MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-014526

STATE FILE NUMBER

AMENDED

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 39

FILED MAY 8 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Moniteau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN California, Mo Walker — Length of stay in 1b 13 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 405 Mulberry-Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Moniteau
c. CITY OR TOWN California, Mo — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 405 Mulberry — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Clarence Middle William Last Cole

4. DATE OF DEATH Month April Day 10 Year 1961

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11/25/86
9. AGE (last birthday) 74 — IF UNDER 1 YEAR Months 4 Days 16 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station Agent
10b. KIND OF BUSINESS OR INDUSTRY Telograph Operator
11. BIRTHPLACE (City and state or country) Cooper Co-MO
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William H. Cole
13b. MOTHER'S MAIDEN NAME Sudie Douglas
14. NAME OF HUSBAND OR WIFE Emma L. Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War I War One

17. INFORMANT Roy W. Snodgrass Address Jefferson City, Mo.

MEDICAL CERTIFICATION

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 occlusion — INTERVAL BETWEEN ONSET AND DEATH 10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary disease — 4 months
DUE TO (c) Athero-sclerosis — 5? years

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Feby 10 1961, to April 10 '61 and last saw ~~her~~ him alive on March 11 1961
Death occurred at 10A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edgar A. Kibbe M.D.
22b. ADDRESS California Mo
22c. DATE SIGNED 4/11/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/12/61
23c. NAME OF CEMETERY OR CREMATORY City Cemetery
23d. LOCATION (City, town, or county) (State) California, Mo

24. FUNERAL DIRECTOR ADDRESS Bowlin Funeral Home-California, Mo
25. DATE RECD. BY LOCAL REG. 4/11/66
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

MAY 12 1961

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 John R. Boulin, Student Embalmer No. 614 working under my personal supervision.

Student John R. Boulin
Signature of Student Embalmer

Signed Jack H. Boulin

Licensed Embalmer No. 4933

P. O. Address California, Mo.

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.