MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6602 STATE FILE NUMBER 61-026685

FILED JUL 26 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST. LOUIS, MO. Length of stay in Ib: 3months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. LOUIS CITY HOSP. # 1 Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3255 Knapp Street., Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: OLLIE Middle: D. Last: COLE
4. DATE OF DEATH: Month: JULY Day: 14, Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/28/1901
9. AGE (last birthday): 60 IF UNDER 1 YEAR: Months Days IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Baxter, Tennessee
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George Martin
13b. MOTHER'S MAIDEN NAME: Mary Jane Montgomery
14. NAME OF HUSBAND OR WIFE: Sterling Cole
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): Nil
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Sterling Cole, 3255 Knapp Street., Address

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): Massive hemoptysis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 526X
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. ☐ 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 JULY 11, 1961, to JULY 14, 1961 and last saw her him alive on JULY 14, 1961
Death occurred at 10:25 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE T.E. Brittingham (Degree or title) M.D.
T. E. Brittingham M.D.
22b. ADDRESS: 1515 LAFAYETTE AVE.
22c. DATE SIGNED: 7/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7/18/61
23c. NAME OF CEMETERY OR CREMATORY: Miner Cemetery
23d. LOCATION (City, town, or county) (State): Sikeston, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe, Inc., 4700 Washington Blvd.,
25. DATE RECD. BY LOCAL REG.: JUL 15 1961
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. 6 | SHOULD READ: Cerebral thrombosis due to hypertensive | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4108

P. O. Address St Louis 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.