

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041722

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 407

STATE FILE NUMBER

FILED NOV 27 1961

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| a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal | | a. STATE Missouri b. COUNTY Marion | |
| Length of stay in 1b | | c. CITY OR TOWN Hannibal | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital | | d. STREET ADDRESS (If outside, give location) 1701 East Gordon Street | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|-------------------------------------|----------------------------------|---|--|-------------------------------------|---------------------------|-----------------------------------|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | | |
| First | Middle | Last | Month | Day | Year | |
| JAMES CHESTER COLE | | | November 11, 1961 | | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Jul. 24, 1908 | 9. AGE (last birthday) 53 | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Jefferson City, Missouri | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
| 13a. FATHER'S NAME Amos Cole | 13b. MOTHER'S MAIDEN NAME Verneda Frances Kelly | 14. NAME OF HUSBAND OR WIFE Mrs. Myrtle Cole | |

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| 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 Mrs. Myrtle Cole Hannibal, Missouri | Address 1701 E. Gordon St |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks. 10 years. |
| IMMEDIATE CAUSE (a) | Congestive Heart Failure | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | Multiple Sclerosis | |
| DUE TO (b) | | |
| DUE TO (c) | | |

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| 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 | |
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| 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 Month, Day, Year a.m. p.m. | | |

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|--|--|---|-------------------------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION Hannibal Marion Mo. | COUNTY Marion | STATE |
| 21. I attended the deceased from 11/10/61 to 11/11/61 and last saw her alive on 11/11/61 | | Death occurred at 2:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | |

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| 22a. SIGNATURE <i>J. W. Wachter, M.D.</i> | (Degree or title) | 22b. ADDRESS Hannibal Mo. | 22c. DATE SIGNED 11/15/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Nov. 16, 1961 | 23c. NAME OF CEMETERY OR CREMATORY Robinson Cemetery | 23d. LOCATION (City, town, or county) (State) Hannibal, Missouri |

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| 24. FUNERAL DIRECTOR Geo. E. Roberts | ADDRESS Hannibal, Mo. | 25. DATE RECD. BY LOCAL REG. Nov. 16, 1961 | 26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucke by William M. Norman</i> |
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(Licensed Embalmer's Statement on Reverse Side)

DATE REVISED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Geo. E. Roberts
George E. Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal, Missouri

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.