

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034048

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 157

FILED OCT 9 1962

VS 300
Rev. 4/59

6190
30190

3
4 1
5 2
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7 1
8 0
9331X
10
11
1290-2
132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>PASS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PASS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DREXEL</u>		Length of stay in 1b <u>2 yrs</u>	c. CITY OR TOWN <u>DREXEL</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ELLA</u> Middle <u>MAY</u> Last <u>COLE</u>			4. DATE OF DEATH Month <u>SEPT</u> Day <u>29</u> Year <u>1962</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-11-1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NURSE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NURSING</u>	11. BIRTHPLACE (City and state or country) <u>OSATHE, KANSAS</u>
13a. FATHER'S NAME <u>THEODORE SLOAN</u>		13b. MOTHER'S MAIDEN NAME <u>ANNIE</u>	14. NAME OF HUSBAND OR WIFE <u>W.S. COLE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>MRS. PAUL PERSONETT DREXEL, MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HYPOSTATIC PNEUMONIA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>POST CEREBRAL HEMORRHAGE</u> DUE TO (c) <u>SENILE ARTERIOSCLEROSIS</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2-3 Days</u>
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
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 _____ 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 <u>1957</u> to <u>9/29/62</u> and last saw him/her alive on <u>9/29/62</u> Death occurred at <u>11:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ed Marsh D.O.</u>		22b. ADDRESS <u>Drexel, Mo.</u>	22c. DATE SIGNED <u>10-1-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-1-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OSATHE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>OSATHE KANSAS</u>
24. FUNERAL DIRECTOR <u>RUDYAN FUNERAL HOME</u>		ADDRESS <u>DREXEL, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>10-2-62</u> 26. REGISTRAR'S SIGNATURE <u>Per Robert J. Sebrac</u>

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

OCT 29 1962

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 Larry L. Todd

Licensed Embalmer No. 5111

P. O. Address Peppel, 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.