MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036036

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8919 STATE FILE NUMBER

FILED SEP 24 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in Ib: 7 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: EARL Middle: NMN Last: COLE

4. DATE OF DEATH: Month: SEPTEMBER Day: 14 Year: 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-20-1898
9. AGE (last birthday): 63
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): TAVERN OWNER
10b. KIND OF BUSINESS OR INDUSTRY: TAVERN
11. BIRTHPLACE (City and state or country): INDIANOPOLIS, IND.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Cole
13b. MOTHER'S MAIDEN NAME: DAISY BARRETT
14. NAME OF HUSBAND OR WIFE: Ethel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servic[redacted]
17. INFORMANT: Ethel Cole Address: SAME AS #2

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) RECURRENT PULMONARY EMBOLISM — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CARCINOMA OF RIGHT TONSIL — 1 YEAR
DUE TO (c) 1450
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 AUG. 29, 1962 to SEPT. 14, 1962 and last saw her/him alive on SEPT. 14, 1962
Death occurred at 1:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: G. Vermilion, M.D. (Degree or title) M. D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 9/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-15-62
23c. NAME OF CEMETERY OR CREMATORY: MARSHALL Cem
23d. LOCATION (City, town, or county): MARSHALL (State): Illinois

24. FUNERAL DIRECTOR: Bishop ADDRESS: GREENUP, ILL.
25. DATE RECD. BY LOCAL REG.: SEP 15 1962
26. REGISTRAR'S SIGNATURE: Noah Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	8/20/7		
3			
4	0		
5	1		
6			
7	1		
8	2		
9			
10			
11			
12	52-0		
13			

52

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 Frank Prokop

Licensed Embalmer No. 4356

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.