

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004804

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 19

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

4007
3007

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4 0
5 1
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12 1-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p>FILED JAN 21 1963</p> <p>1. PLACE OF DEATH a. COUNTY SCOTT</p>				<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT</p>							
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) Sikeston</p>		<p>Length of stay in 1b 40 minutes</p>		<p>c. CITY OR TOWN SIKESTON</p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>					
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY</p>			<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) 222 SIKES</p>			<p>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
<p>3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM FLOYD COLE</p>				<p>4. DATE OF DEATH Month Day Year 1-4-63</p>							
<p>5. SEX MALE</p>		<p>6. COLOR OR RACE WHITE</p>		<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>		<p>8. DATE OF BIRTH 3-17-1896</p>		<p>9. AGE (last birthday) 66</p>		<p>IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET FARMER</p>				<p>10b. KIND OF BUSINESS OR INDUSTRY FARMING</p>		<p>11. BIRTHPLACE (City and state or country) SIKESTON MO</p>		<p>12. CITIZEN OF WHAT COUNTRY USA</p>			
<p>13a. FATHER'S NAME WILLIAM COLE</p>				<p>13b. MOTHER'S MAIDEN NAME LIZA SANE DUNCAN</p>				<p>14. NAME OF HUSBAND OR WIFE EVA</p>			
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) NO</p>			<p>16. SOCIAL SECURITY NO. [REDACTED]</p>		<p>17. INFORMANT Address Mrs Eva Cole - Sikeston Mo</p>						
<p>18. CAUSE OF DEATH (Enter only one cause per death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Arteriosclerotic cardiovascular disease DUE TO (b) DUE TO (c)</p>										<p>INTERVAL BETWEEN ONSET AND DEATH 1 hr</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - Diabetes mellitus</p>								<p>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</p>			
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>							
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>		<p>COUNTY</p>		<p>STATE</p>	
<p>21. I attended the deceased from May 1962 to 1-4-63 and last saw ^{her}him alive on 1-1-63 Death occurred at 10:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.</p>											
<p>22a. SIGNATURE (Degree and title) John Sargent MD</p>				<p>22b. ADDRESS 808 E Wakefield Sikeston MO</p>				<p>22c. DATE SIGNED 1-4-63</p>			
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL</p>			<p>23b. DATE 1-6-63</p>		<p>23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK</p>			<p>23d. LOCATION (City, town, or county) (State) Sikeston MO</p>			
<p>24. FUNERAL DIRECTOR Welsh Funeral Home - Sikeston MO</p>				<p>ADDRESS Sikeston MO</p>		<p>25. DATE RECD. BY LOCAL REG. Jan 18 - 1963</p>		<p>26. REGISTRAR'S SIGNATURE Jeanette Waldman</p>			

USE BLACK INK OR TYPEWRITER RIBBON

FEB 25 1963

JAN 21 1963

Permit renewed Jan 4 - 1963

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sturton 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.