

STANDARD CERTIFICATE OF DEATH

10.48

FILED MAY 19 1952

BIRTH NO. REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3023 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. CITY (If outside corporate limits, write RURAL and give township) Clinton Mo 0422	
c. LENGTH OF STAY (in this place) 83 years		d. STREET ADDRESS (If rural, give location) 5015 2nd St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton Genl Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) Jasper	b. (Middle) Newton	c. (Last) Cole	4. DATE OF DEATH (Month) (Day) (Year) May 12 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Nov 4 1966	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Habery worker	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John H. CALE	13b. MOTHER'S MAIDEN NAME Lydia Herryp	14. NAME OF HUSBAND OR WIFE Nola 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'S SIGNATURE OR NAME Mrs Edna Johnston	ADDRESS Clinton Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary Edema & Hypertensive		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Prostate		4 years.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 177X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 10, 1948**, to **May 12, 1952**, that I last saw the deceased alive on **May 12, 1952**, and that death occurred at **7:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. S. Hallinger M.D.	23b. ADDRESS Clinton Missouri	23c. DATE SIGNED 5/13/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/14/1952	24c. NAME OF CEMETERY OR CREMATORY Englewood Cem	24d. LOCATION (City, town, or county) (State) Clinton Mo
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DATE REC'D BY LOCAL REG. May-14-52	REGISTRAR'S SIGNATURE Florence Adams	25. FUNERAL DIRECTOR'S SIGNATURE J. E. Conner	ADDRESS Clinton Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed J. E. Condon

Licensed Embalmer No. 1891

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.