

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033954

STATE FILE NUMBER

AMENDED

FILED No. 366 Primary Registration District No. 3060 Registrar's No. 372

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington, Mo		c. CITY OR TOWN Flat River, Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Nursing Home		d. STREET ADDRESS (If outside, give location) Keith St.	
3. NAME OF DECEASED (Type or print) First Samuel Middle Randall Last Cole		4. DATE OF DEATH Month Sept Day 21 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec 18, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (City and state or country) St. Francois County U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Cole		13b. MOTHER'S MAIDEN NAME Mary- Frances Vandever	
14. NAME OF HUSBAND OR WIFE Mary Cole Deceased		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. 495-14-0532		17. INFORMANT Mr. Howard Cole Farmington, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
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 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 4:30 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 Farmington, Mo	
21. I attended the deceased from Jan 9-61 to Sept 23-61 and last saw him alive on Sept 20-61 Death occurred at 4:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) C.H. Appberry M.D.	
22b. ADDRESS Remermines Mo		22c. DATE SIGNED 9-23-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-24-1961	23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery	23d. LOCATION (City, town, or county) (State) Farmington, Mo
24. FUNERAL DIRECTOR R.Caldwell & Sons Flat River, Mo		25. DATE RECD. BY LOCAL REG. Sept. 24, 1961	
26. REGISTRAR'S SIGNATURE Ether Rudloff			

(Licensed Embalmer's Statement on Reverse Side)

OCT 4 1961

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 David P. Caldwell, Student Embalmer No. 638

working under my personal supervision.

Student David P. Caldwell
Signature of Student Embalmer

Signed Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River 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.