

FILED JUL 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19483**

BIRTH NO.		REG. DIST. NO. 225		PRIMARY REG. DIST. NO. 5797		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Willow Fork)		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Tipton,		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Mi. S.E. Tipton				e. STREET ADDRESS (If rural, give location) 4 Mi. S.E. Tipton			
3. NAME OF DECEASED (Type or Print) a. (First) Oscar		b. (Middle) Wilbur		c. (Last) Cole		4. DATE OF DEATH (Month) (Day) (Year) July, 2, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH August, 9, 1888	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 66 Days		IF UNDER 1 YEAR Hours 0 Min.		11. BIRTHPLACE (City and State or Foreign Country) Tipton, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY -----		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME John Calvin Cole		13b. MOTHER'S MAIDEN NAME Estella Bell Jones		14. NAME OF HUSBAND OR WIFE -----			
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. None		17. INFORMANT'S SIGNATURE OR NAME E.E. Hickman, Tipton, Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21d. HOW DID INJURY OCCUR	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from July 29, 1953 , to July 2, 1955 , that I last saw the deceased alive on July 2, 1955 , and that death occurred at 10 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. E. Schubert M.D.				23b. ADDRESS 00.2 Tipton, Mo		23c. DATE SIGNED July 5-55	
24a. BURIAL, CREMATION, REBURYAL (Specify) Burial		24b. DATE July, 5, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		24d. LOCATION (City, town, or county) (State) 6 Mi. S.E. Tipton, Mo	
DATE REC'D BY LOCAL REG. July 6-55		REGISTRAR'S SIGNATURE Mrs. Maude Hudson		FUNERAL DIRECTOR'S SIGNATURE E. E. Hickman		ADDRESS Tipton, Mo	

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
Signature of Student Embalmer

Signed *Jewell E. Richards*

Licensed Embalmer No. *2468*

P. O. Address *Lipton*

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.