

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 (If not in hospital or institution, give street address or location) 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 | | IF UNDER 1 YEAR Days | | IF UNDER 1 YEAR Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | | | 11. BIRTHPLACE (City and State or Foreign Country) Tipton, Missouri | | |
| 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 | | | | INTERVAL BETWEEN ONSET AND DEATH 1 yr | |
| 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. | | | | | | | | |
| 19a. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION 4201 | | | | 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. TIME OF INJURY (Month) (Day) (Year) (Hour) | | | 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 20220 Tipton, Mo | | 23c. DATE SIGNED July 5-55 | | |
| 24a. BURIAL, CREMATION, REINTERMENT (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.