

**CERTIFICATE OF DEATH**

DO NOT WRITE  
ON THIS STUB

9. 1  
10a. 81  
10b.  
11. 0  
12. 2  
13. 480X  
14.  
15. 4  
16.  
17.  
18. 0  
19. CREDITS  
20. 1-0

VS 300  
Rev. 1/68

4. 0808

5. 1

**DECEASED**

USUAL RESIDENCE  
WHERE DECEASED  
LIVED, IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.

6. 0681

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 203

DECEASED—NAME FIRST MIDDLE LAST <b>Emma Louise Cole</b>		SEX <b>female</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>May 25, 1968</b>
1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <b>White</b>		AGE—LAST BIRTHDAY (MONTH, DAY, YEAR) <b>81</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>April 4, 1887</b>
4. CITY, TOWN, OR LOCATION OF DEATH <b>Sedalia</b>		7a. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Bothwell Hospital</b>	7b. COUNTY OF DEATH <b>Pettis</b>
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>yes</b>		7d. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Missouri</b>	
7e. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		7f. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>widowed</b>	
7g. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>none</b>		7h. SOCIAL SECURITY NUMBER <b>unknown</b>	
7i. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>housewife</b>		7j. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
7k. RESIDENCE—STATE <b>Missouri</b>		7l. CITY, TOWN, OR LOCATION <b>Moniteau California</b>	
7m. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>yes</b>		7n. STREET AND NUMBER <b>408 E. Mulberry</b>	
FATHER—NAME FIRST MIDDLE LAST <b>Jacob Kurtz</b>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Elizabeth Tice</b>	
INFORMANT—NAME <b>Mrs. Helen Nutt</b>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Rt. 5 - Sedalia, Mo.</b>	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
18. IMMEDIATE CAUSE (a) <b>Electrolyte imbalance and Dehydration</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Viral Pneumonia</b> DUE TO, OR AS A CONSEQUENCE OF: (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b> <b>3 weeks</b>
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (10)			
<b>7. neoplastic Nodule Rt lung</b>			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR
20a. INJURY AT WORK (SPECIFY YES OR NO)		20b. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY)	20c. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20d. INJURY AT WORK (SPECIFY YES OR NO)		20e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY)	20f. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		I DID NOT VIEW THE BODY AFTER DEATH	
21a. <b>5-7-68</b>		21b. <b>5-25-68</b>	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		21c. <b>5-22-68</b>	
21d. <b>Did not</b>		21e. <b>1-25-68</b>	
CERTIFIER—NAME (TYPE OR PRINT) <b>Albert J. Campbell</b>		SIGNATURE <b>Albert J. Campbell</b>	
22a. MAILING ADDRESS—CERTIFIER <b>3125 S. Oak</b>		22b. STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP <b>3125 S. Oak, Mo. 65301</b>	
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		CEMETERY OR CREMATORY—NAME <b>City Cemetery</b>	
23a. DATE (MONTH, DAY, YEAR) <b>5/27/68</b>		23b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Bowlin Funeral Home - 100 S. Oak, California, Mo</b>	
23c. FUNERAL DIRECTOR—SIGNATURE <b>Jack H. Bowlin</b>		23d. REGISTRAR—SIGNATURE <b>Travis Shelby Byrd</b>	
23e. DATE RECEIVED BY LOCAL REGISTRAR <b>June 1, 1968</b>		23f. SIGNATURE <b>Cole</b>	

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

permit not requested

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

*Joel B. Bowlin*

Licensed Embalmer No. 4933

P. O. Address California, 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.

*Joel B. Bowlin*