

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26469

FILED JUN 19 1957

STATE FILE NUMBER

Registration District No.

77

Primary Registration District No.

3016

Registrar's No.

210

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (If NOT in hospital, give location) 511 Rear E. Dunklin				Length of stay in 1b 14 yrs		d. STREET ADDRESS 511 Rear E Dunklin	
3. NAME OF DECEASED (Type or print) JAMES				Middle (MAYN)		Last COLE	
4. DATE OF DEATH June 13th '57				Month June		Day 13th	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct 4th 1855	
9. AGE (In years last birthday) 101		IF UNDER 1 YEAR Months 8 Days 9		IF UNDER 24 HRS. Hours 9 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (Ret.)				10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and state or country) Hannibal, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Harvey Cole				14. MOTHER'S MAIDEN NAME Emma Duncan			
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 Mrs Elretta Rideout	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIO-SCLEROTIC FIBRILLATION VENTRICULAR Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIO-SCLEROTIC FIBRILLATION DUE TO (c) ARTERIO-SCLEROTIC HEART DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) ARTERIO-SCLEROTIC GANGRENE, LEFT FOOT				INTERVAL BETWEEN ONSET AND DEATH 10 yrs 2 yrs 20 yrs			
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.) H 200			
20c. TIME OF INJURY Hour 11:55 Month 6 Day 10 Year 55 a. m. p. m.				20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20f. CITY, TOWN, OR LOCATION Jefferson City			
20g. COUNTY Cole				20h. STATE Mo.			
21. I attended the deceased from 6/10/55 to 6/12/57 and last saw him alive on 6/12/57 Death occurred at 11:55 AM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE William G. Lass (Degree or title) D.O.				22b. ADDRESS 500 Lafayette St			
22c. DATE SIGNED 6/15/57							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 16th '57		23c. NAME OF CEMETERY OR CREMATORY Grandell Cemetery		23d. LOCATION (City, town, or county) (State) Cole Junction, Mo.	
24. FUNERAL DIRECTOR Robinson Service				ADDRESS Jefferson City, Mo		25. DATE RECD. BY LOCAL REG. 18 June 1957	
26. REGISTRAR'S SIGNATURE R. P. Norris, MD MR							

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 _____
Donald P. Freeman

Licensed Embalmer No. 46

Jefferson City

P. O. Address _____ Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.