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DEPARTMENT OF COMMERCE  
MISSOURI STATE BOARD OF HEALTH  
REGISTERED SEP 13 1941

# MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **28855**

Registration District No. **551**

Primary Registration District No. **5744**

Registrar's No. **4**

1. PLACE OF DEATH:

(a) County **Marion**

(b) City or town **Nelsonville (Rural)**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **105 Wood Mine Trp**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **84 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Lewis Edward Cole**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Anna Cole** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Sept 8, 1852**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day:
	<b>88</b>	<b>10</b>	<b>21</b>	hr. _____ min. _____

9. Birthplace **Columbus, Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **retired**

11. Industry or business **Farmer**

12. Name **Elijah Cole**

13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

14. Maiden name **Hydra Rutledge**

15. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Orma Freeman**

(b) Address **Nelsonville, Mo**

17. (a) **Burial** (b) Date thereof **July 30, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stephensville, Mo**

18. (a) Signature of funeral director **Thomas Ball**

(b) Address **Curry, Mo**

19. (a) **Aug. 2, 1941** (b) **J. M. Creba**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion** **68**

(c) City or town **Nelsonville (Rural)** **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2 1/2 west** **0**  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **29**  
year **1941** hour **6** minute **23 A.M.**

21. I hereby certify that I attended the deceased from **July 1 - 1941**  
to **July 26, 1941**;  
that I last saw him alive on **July 26, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to **Coronary Thrombosis**

Due to **Cardiovascular decay**

Other conditions **hypertension**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **13/A**

Duration

**13/A**

### PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature **Dr Paul F Cole** (M. D. or other) **0**

Address **Springfield, Mo** Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

8-2-21  
1852-8  
1741-7-29

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Thomas Ball*

Licensed Embalmer No. *1744*

P. O. Address *Spring, 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 this body is not embalmed, fact should be so stated above.