

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18264
12560
Registrar's No. 12560

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

2
15
39
47070

FILED JUN 15 1948

Registration District No. 12560

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days)

3. (a) PRINT FULL NAME Rolla A. 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 Laura Cole 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased November 15 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 6 3 hr. min.

9. Birthplace Jefferson Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Joshua Cole

13. Birthplace Jefferson Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Long

15. Birthplace Jefferson Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant F. A. Cole

(b) Address Festus, Mo. RFD #1

17. (a) Burial (b) Date thereof 5-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus M.E. Cemetery

18. (a) Signature of funeral director "Fink's"

(b) Address Festus, Missouri

19. (a) 5-20-48 (b) Carol Chaplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Festus RFD #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1948 hour 7:05 minute P M.

21. I hereby certify that I attended the deceased from May 8
1948, to May 18, 1948
that I last saw him alive on May 18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Ch. Myocarditis
Due to Paralysis agitans

Due to Stenil arteriosclerosis

Other conditions..... (Include pregnancy within 3 months of death) 93d

Major findings: Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Ch Denny (M. D. or other) and

Address Creve Coeur, Mo Date signed 5-18-48

NOV 8 1949

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.....

Licensed Embalmer No. 3403

P. O. Address. Festus, Missouri

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.

APR 6 1950