

FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 5632
Registrar's No. 30

BIRTH NO. _____		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 5906		Registrar's No. 30		
1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Wardell Rural		c. LENGTH OF STAY (In this place) X		c. CITY (If outside corporate limits, write RURAL and give township) 6725 OR TOWN Rural Route 3 Steele				
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway No. 61				d. STREET ADDRESS (If rural, give location) Rural Route 3				
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) ALBERT c. (Last) COLE			4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1950					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 9, 1920		
9. AGE (In years last birthday) 29		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) Braggadocio, Mo. m		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Lawson Cole		13b. MOTHER'S MAIDEN NAME Lela Reeves		14. NAME OF HUSBAND OR WIFE Gladys Cole		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W W 11		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lawson Cole Braggadocio, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Automobile Accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 58164 21	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wardell, Pemiscot, Mo.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-16-50 5:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Head On Collision 078				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) James A. Osburn Parson				23b. ADDRESS Wardell, Mo.		23c. DATE SIGNED 2-18-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-18-50		24c. NAME OF CEMETERY OR CREMATORY Maple		24d. LOCATION (City, town, or county) (State) Caruthersville, Mo.		
DATE REC'D BY LOCAL REG. 2-22-50		REGISTRAR'S SIGNATURE John W German 406		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jimmy Osburn Wardell, Mo.				

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

2-50-70. MAR 9 1950

MAR 27 1950

FEB 25 REC'D

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
Student Embalmer

Signed

James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.