

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9461

State File No.

Registrar's No. 25

BIRTH NO. _____		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 5641		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette			
b. CITY OR TOWN Dover Mo - Dover Township		c. LENGTH OF STAY (in this place) life		c. CITY OR TOWN Dover Mo - Dover Township		d. STREET ADDRESS RR # 1 Dover Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dred at home							
3. NAME OF DECEASED (Type or Print) a. (First) Leon		b. (Middle) Noel		c. (Last) Cole		4. DATE OF DEATH (Month) (Day) (Year) March 14 - 1950	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb 17 - 1871	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 0 Days 27		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Dover Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Louis Cole		13b. MOTHER'S MAIDEN NAME Dora Fox		14. NAME OF HUSBAND OR WIFE Mary Florence Cole			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Florence Cole Dover 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4720	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operation				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from called as coroner, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9A m., from the causes and on the date stated above.							
23a. SIGNATURE W.E. Martin M.D. Coroner				23b. ADDRESS O.assa Mo		23c. DATE SIGNED 3/14/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/16/50		24c. NAME OF CEMETERY OR CREMATORY Dover		24d. LOCATION (City, town, or county) (State) Dover, Mo.	
DATE REC'D BY LOCAL REG March 18 - 1950		REGISTRAR'S SIGNATURE Clayton W. Sandrum		FUNERAL DIRECTOR'S SIGNATURE Ernest H. Tempel Lee, Mo		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

540

RECEIVED MAR 21
District Health Officer No. 8,

District File Number _____
Date Filed 3/23/50

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 Geo. M. Treanor

Licensed Embalmer No. 2983

P. O. Address Springton, 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.