

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

16473

State File No. \_\_\_\_\_

FILED MAY 19 1951

BIRTH NO. 28900-51 REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1893

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>25 hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1640 Penn</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Conley Maternity Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Michael</b> b. (Middle) <b>Dean</b> c. (Last) <b>Cole</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 19 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>April 18, 1951</b>
9. AGE (In years - last birthday) <b>1</b> If UNDER 1 YEAR: Months <b>1</b> Days <b>1</b> Hours <b>1</b> Min.		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Winford W. Cole</b>		13b. MOTHER'S MAIDEN NAME <b>Jessie Lee Braden</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jessie Lee Cole</b>		ADDRESS <b>1640 Penn</b>	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilateral hemorrhage into adrenal glands</b>	
		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES	
		DUE TO (b) <b>Visceral trauma at birth</b>	
		DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS	
		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 <b>April 18, 1951</b> , to <b>April 19, 1951</b> , that I last saw the deceased <b>live on April 19, 1951</b> , and that death occurred at <b>9:18 Am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE OF <b>John G. Henery</b> (Degree or title)		23b. ADDRESS <b>926 E 11th K.C. Mo.</b>	
23c. DATE SIGNED <b>4-20-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>5-3-51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Kansas City College of Osteo. Kansas City, Mo.</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>5-3-51</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>K.C. College of Osteopathy K.C. Mo.</b>		ADDRESS	

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.