

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22689

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 608

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	c. LENGTH OF STAY (In this place) 30 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 1396	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1044 South Weller		d. STREET ADDRESS (If rural, give location) 1044 South Weller 0	

3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) F. c. (Last) Cole			4. DATE OF DEATH (Month) (Day) (Year) July 13 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 24, 1869	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radiologist		10b. KIND OF BUSINESS OR INDUSTRY Medical Doctor	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Charles Cole	13b. MOTHER'S MAIDEN NAME Nettie Antrin	14. NAME OF HUSBAND OR WIFE Nora Cole
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Nora Cole, Springfield, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH yrst.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 334X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 15, 1951**, to **July 13, 1951** that I last saw the deceased alive on **May 15, 1951**, and that death occurred at **12:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. D. Haus (Degree or title) 0	23b. ADDRESS M. D. Springfield, Mo.	23c. DATE SIGNED 7-16-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-16-51	24c. NAME OF CEMETERY OR CREMATORY UNKNOWN	24d. LOCATION (City, town, or county) (State) Quincy, Illinois
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DATE REC'D BY LOCAL REG. 7-16-51	REGISTRAR'S SIGNATURE W. E. Hudly	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alma Schmeyer, Springfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

396

Hanson
medical

SEP 22 1951

SEP 13 1951

25 (10) 11/25

A

APR 22 1959

DEC 21 1961

AUG 7 1957

JUN 7 1962

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 W. Wain

Licensed Embalmer No. 4650

P. O. Address Springfield, 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.