

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7382

State File No.

APR 15 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 382

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>30 years</u>		d. STREET ADDRESS (If rural, give location) <u>921 1/2 Main St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>921 1/2 Main St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Iva</u> b. (Middle) <u>Lovica</u> c. (Last) <u>Cole</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 1952</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>April 15, 1906</u>	
				9. AGE (In years last birthday) <u>45</u>	
				11. BIRTHPLACE (State or foreign country) <u>Plattsburg, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Arthur Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Zereldia Catherine Roberts</u>		14. NAME OF HUSBAND OR WIFE <u>William Cole</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-07-2558</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. LeRoy Nash</u> ADDRESS <u>516 Monroe, St. Joseph, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis -</u>		DUE TO (b) <u>Primary - Parotid</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 <u>1421</u>		20. AUTOPSY? YES <input 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) m.		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 Dec. 1950, to 4 - 1 - 1952, that I last saw the deceased alive on 4 - 1 - 1952, and that death occurred at 12:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Gilbert B. Kelley M.D.</u>		23b. ADDRESS <u>Savannah, Mo.</u>		23c. DATE SIGNED <u>April 2, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4/4/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Center</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Neaton Bowman</u> ADDRESS <u>Funeral Home St. Joseph Mo.</u>			
DATE REC'D BY LOCAL REG. <u>April 11, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cash</u>		416	

(Licensed Embalmer's Statement on Reverse Side)

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

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 William Spalding.....

Licensed Embalmer No. 45337.....

P. O. Address 375 11th, Joseph, 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.