

FILED JUN 23 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21653**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 186

0941

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

1. PLACE OF DEATH a. COUNTY <u>Bonne Terre Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bonne Terre</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bonne Terre Mo</u>	
c. LENGTH OF STAY (In this place) <u>2 wks</u>		d. STREET ADDRESS (If rural, give location) <u>0941</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Maggie</u> b. (Middle) <u>Adeline</u> c. (Last) <u>Cole</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 8 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH <u>Sept 10-1886</u>		9. AGE (In years last birthday) <u>65</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		12. KIND OF BUSINESS OR INDUSTRY		13. BIRTH PLACE (State or foreign country) <u>Washington Co. Mo</u>

13a. FATHER'S NAME <u>William Cole</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Walton</u>		14. NAME OF HUSBAND/OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Eye-Pataci</u>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>D.K.</u> 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 <u>73 hr</u>	

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)		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 May-15, 1952 to June 8, 1952, that I last saw the deceased alive on June 7, 1952, and that death occurred at 4:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>G.L. Evans</u> (Degree or title)		23b. ADDRESS <u>Bonne Terre Mo</u>		23c. DATE SIGNED <u>6-11-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 10-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shuley</u>	
24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Mr Luther Sparks Pater mo</u>			

DATE REC'D BY LOCAL REG. <u>June 11, 1952</u>		REGISTRAR'S SIGNATURE <u>Cather Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr Luther Sparks Pater mo</u>	
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(Licensed Embalmers' Statement on Reverse Side)

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Murphy L. Sparks*

Signed.....  
Student Embalmer.

Licensed Embalmer No. *4236*

P. O. Address *St. Paul River*

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.