

FILED FEB 25 1953

REG. DIST. NO. 77

PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MONITEAU</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>		c. LENGTH OF STAY (In this place) <u>30 HOURS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STILL OSTEOPATHIC HOSP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MOREAU</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ESTELLA</u> b. (Middle) <u>BELL</u> c. (Last) <u>COLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 19, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>APR. 2 1866</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>CLARKSBURG, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W.M. JONES</u>		13b. MOTHER'S MAIDEN NAME <u>ROSEANN STINSON</u>	
14. NAME OF HUSBAND OR WIFE <u>JOHN C. COLE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>OSCAR W. COLE</u> ADDRESS <u>TIPTON, MO.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPOSTATIC PNEUMONIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>BRONCHIOGENIC CARCINOMA</u> 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 <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>162X</u>	
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 <u>FEB 18, 1953</u> , to <u>FEB 19, 1953</u> , that I last saw the deceased alive on <u>FEB 19, 1953</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R.A. Michael D.O.</u>		23b. ADDRESS <u>Jefferson City</u>	
23c. DATE SIGNED <u>2/19/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>2-21-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH</u>	
24d. LOCATION (City, town, or county) (State) <u>6 Mi. S.E. Tipton, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Powell - E. Richards - Tipton Mo</u> ADDRESS	
DATE REC'D BY LOCAL REG. <u>Feb 20 - 1953</u>		REGISTRAR'S SIGNATURE <u>R.P. Dorris MD</u>	

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

*James E. Richard*  
Licensed Embalmer No. *2466*  
P. O. Address *Lipton 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.