

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 156 **PRIMARY REG. DIST. NO.** 2001 **Registrar's No.** 128

**1. PLACE OF DEATH**  
 a. COUNTY **JASPER**  
 b. CITY (If outside corporate limits, write RURAL and give township) **JOPLIN**  
 c. LENGTH OF STAY (In this place) **54 YRS**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **1526 MURPHY**

**2. USUAL RESIDENCE** (Where deceased lived, If institution: residence before admission).  
 a. STATE **MISSOURI**  
 b. COUNTY **JASPER**  
 c. CITY (If outside corporate limits, write RURAL and give township) **JOPLIN**  
 d. STREET ADDRESS (If rural, give location) **1526 MURPHY**

**3. NAME OF DECEASED**  
 a. (First) **EDGAR**  
 b. (Middle) \_\_\_\_\_  
 c. (Last) **COLE**

**4. DATE OF DEATH** (Month) (Day) (Year)  
**MARCH 10, 1953**

**5. SEX** **MALE**  
**6. COLOR OR RACE** **WHITE**  
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **MARRIED**

**8. DATE OF BIRTH** **AUG. 3, 1888**  
**9. AGE** (In years last birthday) **64**  
 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
 IF UNDER 24 HRS: Hours \_\_\_\_\_ Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **PRESSMAN**  
**10b. KIND OF BUSINESS OR INDUSTRY** **PRINTING**

**11. BIRTHPLACE** (State or foreign country) **CARBONDALE, ILLINOIS**  
**12. CITIZEN OF WHAT COUNTRY?** **USA**

**13a. FATHER'S NAME** **J. W. COLE**  
**13b. MOTHER'S MAIDEN NAME** **MARY ELLEN GREATHOUSE**  
**14. NAME OF HUSBAND OR WIFE** **BELLE ALLEN COLE**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **UNK**  
 (If yes, give war or dates of service)  
**16. SOCIAL SECURITY NO.** **UNK**  
**17. INFORMANT'S SIGNATURE OR NAME** **BELLE ALLEN COLE**  
**ADDRESS** **1526 MURPHY, JOPLIN**

**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) **Arteriosclerosis & Arterioarteriosclerosis**  
**ANTECEDENT CAUSES** **Heart Disease Generally**  
 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. **Prostate Hypertrophy**

**19a. DATE OF OPERATION** \_\_\_\_\_  
**19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_

**20. AUTOPSY?**  
 YES  NO

**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**  **NOT WHILE AT WORK**

**21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from Feb 15, 1953, to March 10, 1953, that I last saw the deceased alive on March 9, 1953, and that death occurred at 5:30 p.m., from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree or title) **G. A. Schulte, M.D.**  
**23b. ADDRESS** **421 Frisco Bldg, Joplin, Mo**  
**23c. DATE SIGNED** **3/12/53**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **Burial**  
**24b. DATE** **3-12-53**  
**24c. NAME OF CEMETERY OR CREMATORY** **Ozark Memorial Park**  
**24d. LOCATION** (City, town, or county) (State) **Joplin, Missouri**

**DATE REC'D BY LOCAL REG.** **3-14-53**  
**REGISTRAR'S SIGNATURE** \_\_\_\_\_  
**25. FUNERAL DIRECTOR'S SIGNATURE** **STEVE PARKER**  
**ADDRESS** **MORTUARY, JOPLIN, MO.**

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

RECEIVED 3-17-53  
Jasper County Health Office

County File Number 53/3/246

Date Filed 3-17-53

JAN 21 1953

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.....  
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.