

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3564

State File No. ....

FILED JAN 26 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 144

4000

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: Residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>JEFFERSON BRICKS &amp; CURBS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KEASBURY</u> <u>0280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERAN Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>KYNEST</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>COLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-17-1954</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>5-19-1897</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>28</u>	IF UNDER 1 HR. Hours <u>1</u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INN KEEPER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>COLES INN</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Edward Cole</u>	13b. MOTHER'S MAIDEN NAME <u>Viola M. Craig</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Hand Cole</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes</u> <u>U.S. I</u>	16. SOCIAL SECURITY NO. <u>489-01-9068</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edna Hand Cole, Keasbury, Mo.</u>	ADDRESS <u>Keasbury, Mo.</u>
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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		INTERNAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRO-VASCULAR ACCIDENT</u>		
	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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>VA</u> m.	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 1-3-54, 1954, to 1-17-54, 1954, that I last saw the deceased alive on 1-17-54, 1954, and that death occurred at 7:15 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Harrison, M.D.</u> (Degree or title)	23b. ADDRESS <u>V.A. Hosp JEFF BRKS, Mo</u>	23c. DATE SIGNED <u>1-17-54</u>
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24a. BURIAL, CREMATION, TOWNSHIP (Specify)	24b. DATE <u>1-20-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>KEA CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Keasbury, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/17/54</u>	REGISTRAR'S SIGNATURE <u>Richard B. Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shanahan, Puka, Mo.</u>	ADDRESS
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.