

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19428

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 559V		Registrar's No. 59			
1. PLACE OF DEATH a. COUNTY <u>JEFF.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u>				b. COUNTY <u>JEFF.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joachim</u>		c. LENGTH OF STAY (In this place) <u>3 weeks</u>		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>MT. View Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>RR # Festus, Mo. 0500</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>		b. (Middle) <u>R.</u>		c. (Last) <u>Cole</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6/20/1954</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 14, 1893</u>		9. AGE (In years last birthday) <u>61</u>	If under 1 year Months <u>5</u>	If under 1 year Days <u>7</u>	If under 1 year Hours <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Factory worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Metal Goods Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Allen Ton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Jasper Eoff</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Peppers</u>			14. NAME OF HUSBAND OR WIFE <u>Renzo Cole</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Mo.</u>		16. SOCIAL SECURITY NO. <u>500-24-2707</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Francis Russell</u>				ADDRESS <u>St. Louis 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u>				INTERVAL BETWEEN ONSET AND DEATH <u>about 1 year</u>	
ANTECEDENT CAUSES 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153 X</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>April 6, 1954</u> to <u>June 7, 1954</u> , that I last saw the deceased alive on <u>June 7, 1954</u> and that death occurred at <u>5:15 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>A. H. Donnell, M.D.</u>				(Degree or title)		23b. ADDRESS <u>Mississippi Crystal City, Mo.</u>		23c. DATE SIGNED <u>June 22, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 24, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lanier Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Festus, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>6-22-54</u>		REGISTRAR'S SIGNATURE <u>John C. Rogers</u>		502		25. FUNERAL DIRECTOR'S SIGNATURE <u>Timothy G. White</u>			
						ADDRESS <u>Crystal City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED

JUN 29 1951

JUL 7 1951

OCT 14 1951

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
Signature of Student Embalmer

Signed *Ben E. Hoffman*

Licensed Embalmer No. *43*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.