No. 300
10.48

FILED JUL 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23597

BIRTH NO. _____ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 5691 Registrar's No. 7

0580
1

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

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson Twp. rural
c. LENGTH OF STAY (in this place): 76 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD 1, Sumner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jefferson Twp. 0580
d. STREET ADDRESS (If rural, give location): RFD 1, Sumner 0

3. NAME OF DECEASED (Type or Print)
a. (First): LOTTIE
b. (Middle): COLE
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): July 14, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 25, 1878
9. AGE (In years last birthday): 76 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Chariton County, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Daniel Smith
13b. MOTHER'S MAIDEN NAME: Lucinda -
14. NAME OF HUSBAND OR WIFE: Goble Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: E. G. Cole, Sumner, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intestinal obstruction — 2 wks.
DUE TO (c) Metastatic adenocarcinoma of l. ovary — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Inanition, dehydration

19a. DATE OF OPERATION: 9/12/53
19b. MAJOR FINDINGS OF OPERATION: Metastatic adenocarcinoma of rt. ovary 175 X
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) m.: —
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* Oct. 10, 1947, *to* July 14, 1954, *that I last saw the deceased alive on* July 14, 1954, *and that death occurred at* 4 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. W. Robison M.D. 0
23b. ADDRESS: 211 Linn Brookfield Mo
23c. DATE SIGNED: 7/15/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 16, 1954
24c. NAME OF CEMETERY OR CREMATORY: Laclede Cemetery
24d. LOCATION (City, town, or county) (State): Laclede, Midsouri

DATE REC'D BY LOCAL REG.: July 16-1954
REGISTRAR'S SIGNATURE: Chris A. Martens 169
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Wright Funeral Home, Brookfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.