

FILED MAR 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5661

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4363 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairview		c. CITY OR TOWN Fairview	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 5 Yrs		e. STREET ADDRESS (If rural, give location) 0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Reed c. (Last) Cole			4. DATE OF DEATH (Month) (Day) (Year) Febr. 17 1955					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 22 1902	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 26	Hours 	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grain elevator employee		10b. KIND OF BUSINESS OR INDUSTRY employee	11. BIRTHPLACE (City and State or Foreign Country) Newton Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME William Joseph Cole	13b. MOTHER'S MAIDEN NAME Sarah Reed	14. NAME OF HUSBAND OR WIFE Naomi 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. 491-12-3688	17. INFORMANT'S SIGNATURE OR NAME Naomi Cole	ADDRESS Fairview, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		
	ANTECEDENT CAUSES Morbidity 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. Chronic alcoholism			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 4201
--	--	--

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:00 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Randal G. Beck, M.D.	(Degree or title)	23b. ADDRESS Wheaton, Mo.	23c. DATE SIGNED 2/18/55
---	-------------------	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2 - 20 - 55	24c. NAME OF CEMETERY OR CREMATORY Wanda Cem.	24d. LOCATION (City, town, or county). (State) Stark City, Mo. R#
--	---------------------------------	---	---

DATE REC'D BY LOCAL REG. 2-23-1955	REGISTRAR'S SIGNATURE Alpha Dyer	369	25. FUNERAL DIRECTOR'S SIGNATURE W. Morris Pope	ADDRESS Wheaton, Mo.
--	--	-----	---	--------------------------------

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. 355-31
District File Number 31-55
Date Filed 3-1-55

MAR 7 1955

NEOSHO, MISSOURI

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 James Eugene Linn
Licensed Embalmer No. 176

P. O. Address Neosho

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.