

FILED AUG 8 - 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **22683**

BIRTH NO.		REG. DIST. NO. 2		PRIMARY REG. DIST. NO. 4009		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY Andrew				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Andrew			
b. CITY (If outside corporate limits, write RURAL and give township) Savannah		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Savannah		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 30	
d. FULL NAME OF HOSPITAL OR INSTITUTION 302 S. 6th Street				e. STREET ADDRESS (If rural, give location) 901 W. Chestnut St.			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
William		Hugh		Cole		4. DATE OF DEATH 7-29-56	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 6, 1871	
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker		10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (City and State or Foreign Country) Switzerland, Indiana	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Louis Cole		13b. MOTHER'S MAIDEN NAME Indiana Wycoff		14. NAME OF HUSBAND OR WIFE Minnie Jane 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie Jane Cole Savannah, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage.				INTERVAL BETWEEN ONSET AND DEATH 2 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) Essential Hypertension 15 years.	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Generalized Arterio-Sclerosis 15 years.	
		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 33ix					
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 2-14- , 19 49 , to 7-29- , 19 56 , that I last saw the deceased alive on 7-29- , 19 56 , and that death occurred at 2:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Willard B. Kelley M.D.				23b. ADDRESS Savannah, Mo.		23c. DATE SIGNED 7-30-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-31-56		24c. NAME OF CEMETERY OR CREMATORY Savannah City		24d. LOCATION (City, town, or county) (State) Savannah, Mo.	
DATE REC'D BY LOCAL REG. 8-2-56		REGISTRAR'S SIGNATURE Kellian Sparks		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. A. Rich Savannah, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 22 1958

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 *Wm A Rich*

Licensed Embalmer No. 477

P. O. Address 5202 N. W. 2

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.