

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23245**

FILED AUG 15 1956

BIRTH NO.		REG. DIST. NO. 100	PRIMARY REG. DIST. NO. 5381	Registrar's No. 52
1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Dent		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural-Carrent typ		c. LENGTH OF STAY (in this place) 70 yrs	c. CITY OR TOWN Montauk	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION XX		e. STREET ADDRESS (If rural, give location) Current typ		
3. NAME OF DECEASED (Type or Print) a. (First) Nancy		b. (Middle) C	c. (Last) Cole	4. DATE OF DEATH (Month) (Day) (Year) July 15 1956
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb 19 1872	9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY x	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U S
13a. FATHER'S NAME Robert Shaw		13b. MOTHER'S MAIDEN NAME Louisa Graham	14. NAME OF HUSBAND OR WIFE Wm Bruce 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. x	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dollie Gorman Montauk 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac + pulmonary arrest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cachexia + debilitation 2 years. DUE TO (c) Cardiovascular renal disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. semitivity		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442X		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 Jan , 1954, to July , 1956 that I last saw the deceased alive on July 14 , 1956, and that death occurred at 12:20 on As from the causes and on the date stated above.				
23a. SIGNATURE B J Myers D.D.		23b. ADDRESS Lechling Mo		23c. DATE SIGNED 7-17-56
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-17-56	24c. NAME OF CEMETERY OR CREMATORY Cole Cem	24d. LOCATION (City, town, or county) (State) Montauk Mo	
DATE REC'D BY LOCAL REG. 7-20-56	REGISTRAR'S SIGNATURE R. E. Mitchell, Dr. W. by M.E.E.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas R Spitzer Dalem Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 15 1956

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.....
Carl K. Jensen

Licensed Embalmer No. 23

P. O. Address.....
Salem

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.