

STANDARD CERTIFICATE OF DEATH

State File No. 26156

26156

455

XC-447 15 42 RN: 12447		FILED SEP 12 1956		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 455			
1. PLACE OF DEATH a. COUNTY Butler					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY Reynolds						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.			c. LENGTH OF STAY (in this place) 3 hrs.		c. CITY OR TOWN Ellington		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 Veterans Hospital					e. STREET ADDRESS (If rural, give location) General Delivery 0.900 1						
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) Phillip		c. (Last) Cole		4. DATE OF DEATH (Month) (Day) (Year) Aug. 30, 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 27, 1925		9. AGE (In years last birthday) 31- IF UNDER 1 YEAR: Months 2, Days 3 IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Wayne County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.			
13a. FATHER'S NAME Jess Cole			13b. MOTHER'S MAIDEN NAME Stella Belle Newman			14. NAME OF HUSBAND OR WIFE Rose Lee Cole					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. WW 2 353226116		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose Lee Cole, Ellington, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Wounds, neck and face. 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. 9190							INTERVAL BETWEEN ONSET AND DEATH 4 1/2 hours		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 19 19								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SLIP FALL WOUND WOUND		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Home			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ellington, Reynolds, Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-29-56- 10 p.m.				
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Improper handling of gun									
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 3:00A m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Grover W. Green					23b. ADDRESS Mo. 12 Vine St. Poplar Bluff			23c. DATE SIGNED 9-4-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-1-56		24c. NAME OF CEMETERY OR CREMATORY Ellington Cem.		24d. LOCATION (City, town, or county) (State) Ellington, Mo.					
DATE REC'D BY LOCAL REG. 9/7/56		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Coleman McSpadden, Ellington, Mo.						

(Licensed Embalmers' Certificate on Reverse Side)

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

RECEIVED
SEP 11 1956
BUTLER CO. HEALTH CENTER

FILE No. _____

SEP 17 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 Allen C. McSpadden

Licensed Embalmer No. 4543

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