

FILED MAY 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16490**

BIRTH NO. _____		REG. DIST. NO. 393	PRIMARY REG. DIST. NO. 1002		Registrar's No. 2246
1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Clay		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City north		c. LENGTH OF STAY (in this place) 50 yrs	c. CITY OR TOWN Kansas City north	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4411 N. OAKLEY			e. STREET ADDRESS (If rural, give location) 108 4411 N. Oakley 5088		
3. NAME OF DECEASED (Type or Print) a. (First) Grace		b. (Middle) E	c. (Last) Cole	4. DATE OF DEATH (Month) (Day) (Year) May 14 1957	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 3 1883	9. AGE (in years last birthday) 74	IF UNDER 1 YEAR: Months Days 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		11. BIRTHPLACE (City and State or Foreign Country) Orick, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Horace Riffe		13b. MOTHER'S MAIDEN NAME Mary Anne Turner		14. NAME OF HUSBAND OR WIFE John W. 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 Jewell Cole 4403 N. Oakley		
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) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Indef. 4201
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)		
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 Aug 15, 1956 , to May 14, 1957 , that I last saw the deceased alive on May 1, 1957 , and that death occurred at 6:25 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Glenn W. Herdren M.D.			23b. ADDRESS Liberty, Mo		23c. DATE SIGNED 5/13/57
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 5-16-57	24c. NAME OF CEMETERY OR CREMATORY Harrison	24d. LOCATION (City, town, or county) (State) Liberty, Missouri		
DATE REC'D BY LOCAL REG 5-15-57	REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer Sons N. K. C. Mo		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Glenn W. Herdren



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

Glenn H. Hill

Licensed Embalmer No. *4586*

P. O. Address *K.C. 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.