

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **23464**

FILED AUG 6 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <b>Barry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>		
b. CITY OR TOWN <b>Cassville</b>		c. LENGTH OF STAY (in this place) <b>30 man</b>	c. CITY OR TOWN <b>Seligman</b>		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 <b>Cassville community Hosp.</b>			e. STREET ADDRESS (If rural, give location) <b>205<sup>th</sup></b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>PAUL</b> b. (Middle) <b>FORMAN</b> c. (Last) <b>COLE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7 25 57</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 19, 1901</b>		9. AGE (In years last birthday) <b>56</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Store</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Pettigrew, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Thomas P. Cole</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Bottles</b>		14. NAME OF HUSBAND OR WIFE <b>Alice Cole</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>488-24-2504</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Alice Cole,</b> ADDRESS <b>Seligman, Mo.</b>			
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) <b>Acute myocardial infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Atherosclerosis</b>					
DUE TO (c) _____					
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 _____		20. AUTOPSY? <b>2</b> 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 <b>March 20, 1957</b> , to <b>July 25, 1957</b> , that I last saw the deceased alive on <b>July 25, 1957</b> , and that death occurred at <b>10:15 pm.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Chas. R. Brown M.D.</b>			23b. ADDRESS <b>Seligman, Mo.</b>		23c. DATE SIGNED <b>7/26/57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-28-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Seligman Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Seligman, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>7-30-57</b>	REGISTRAR'S SIGNATURE <b>Grace Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Williamson Chapel</b> ADDRESS <b>Williamson Chapel, Cassville, Mo.</b>		

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

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BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 857-134

DATE REC. 8-5-57

AUG 7 1957

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

*Ray E. Williams*

Licensed Embalmer No. 4893

P. O. Address Cassville

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.