FILED AUG 30 1957

STANDARD CERTIFICATE OF DEATH

'57 027601
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 514

1. PLACE OF DEATH a. COUNTY Butler	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo. Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Brosley 0120 Inside Limits Yes ☐ No X
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Doctors Hosp. Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Route #1 Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print)	First: Wavey	Middle: Lee	Last: Cole	4. DATE OF DEATH	Month: July Day: 27 Year: 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: June 4, 1898	9. AGE (In years last birthday): 59	IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): Lamar County, Ala.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address: Mrs.W.L.Cole, Brosley, Mo.			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ASHD
DUE TO (c) Hypertensive cardiovascular disease

INTERVAL BETWEEN ONSET AND DEATH: 1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-27-57, to 7-27-57 and last saw her/him alive on DOA
Death occurred at 2:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. A. Napper M.D.	22b. ADDRESS: Kneifert Clinic Poplar Bluff, Mo.	22c. DATE SIGNED: 8/20/57	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 7-28-57	23c. NAME OF CEMETERY OR CREMATORY: Columbus Cem.	23d. LOCATION (City, town, or county) (State): Columbus, Mis s.
24. FUNERAL DIRECTOR ADDRESS: Frank-Cotrell Poplar Bluff, Mo.	25. DATE RECD. BY LOCAL REG.: 8/24/57	26. REGISTRAR'S SIGNATURE: B H Mueller Burns	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED
AUG 26 1957

BUTLER CO. HEALTH CENTER

FILE No._____

AUG 10 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank M. Hill

Licensed Embalmer No. 50

P. O. Address Poplar Blu

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.