

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010559

STATE FILE NUMBER

FILED APR 8 1958

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 47

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1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid 8721	
b. CITY (If outside corporate limits, give TOWNSHIP only) Mt. Vernon		c. CITY OR TOWN New Madrid	
c. FULL NAME OF (If NOT in hospital, give location) Mo. State Sanatorium		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 303 days		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Hattie Middle Cole Last Cole			4. DATE OF DEATH Month April Day 2 Year 1958		
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5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 10, 1894	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Housewife	10b. KIND OF BUSINESS OR INDUSTRY Farm home	11. BIRTHPLACE (City and state or country) Jackson, Tennessee /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Sam Brown	13b. MOTHER'S MAIDEN NAME Sally Jackson	14. NAME OF HUSBAND OR WIFE
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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. none	17. INFORMANT San.records, Mo. State San., Mt. Vernon, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) ruptured abdominal viscera (unspecified)		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Tuberculosis, 9th dorsal vertebra & secondary paraplegia		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2
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20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Mo. State San., Mt. Vernon, Mo.	COUNTY	STATE
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21. I attended the deceased from 6-4-57 to 4-2-58 and last saw ^{her} him alive on 4-2-58 Death occurred at 10:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David R. Wiseman M.D.	22b. ADDRESS Mt. Vernon, Missouri	22c. DATE SIGNED 4-3-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-3-58	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) New Madrid, Mo.
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24. FUNERAL DIRECTOR J. W. Gessert - Mt. Vernon, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 4-3-58	26. REGISTRAR'S SIGNATURE Cecil Handrick
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed H. D. Lovett.....

Licensed Embalmer No. 2201.....

P. O. Address W. Vernon.....

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.