

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021130

STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 154

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Fulton</u> <u>014 3</u> <u>0</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			Length of stay in lb <u>5 Yrs.</u>		d. STREET ADDRESS <u>107 West 3rd St</u> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) <u>Earl</u> <u>Reid</u> <u>Cole</u>				4. DATE OF DEATH <u>July</u> <u>7</u> <u>1958</u>										
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 5, 1899</u>		9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Traffic Recorder State Hiway Dept.</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <u>Mineola, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13. FATHER'S NAME <u>Ben Cole</u>						14. MOTHER'S MAIDEN NAME <u>Catherine Reid</u>								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>492-36-9745</u>		17. INFORMANT Address <u>Mrs. E.R.Cole 107 W 3rd St Fulton,</u>								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Spastic contraction of coronary artery</u>										INTERVAL BETWEEN ONSET AND DEATH				
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. } DUE TO (b) <u>Tape frated attacks</u> DUE TO (c) <u>history of several attacks</u> <u>in several years</u>														
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>				
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.) <u>4201</u>											
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.														
20d. INJURY OCCURRED WHILE AT WORK <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			COUNTY		STATE			
21. I attended the deceased from <u>July 3 '58</u> to <u>July 5</u> and last saw ^{him} alive on <u>July 6 '58</u> Death occurred at <u>9:30</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE <u>W.D. Payne M.D.</u> (Degree or title)						22b. ADDRESS <u>R # 3 Fulton Mo</u>				22c. DATE SIGNED <u>7/8/58</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>July 9, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>			23d. LOCATION (City, town, or county) <u>Fulton</u>			(State) <u>Mo</u>			
24. FUNERAL DIRECTOR <u>Wallace Funeral Home, Fulton Mo</u>					ADDRESS <u>Fulton Mo</u>			25. DATE RECD. BY LOCAL REG. <u>July 8 - 1958</u>			26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare
Public
Service

300
-56

ALL symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

8961 6 6 1111

MS MAY 6 1959

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 *Hector R. Masare*.....

Licensed Embalmer No. *49*

P. O. Address *Fulton,*

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.