

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000483

STATE FILE NUMBER

FILED JAN 13 1959

Registration District No. 389 Primary Registration District No. 5113 Registrar's No. 1

300  
1-57

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>Holts Summit</u>		c. CITY OR TOWN <u>Holts Summit</u> <u>2146</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route #1</u>		d. STREET ADDRESS (If outside, give location) <u>Route #1</u>	

3. NAME OF DECEASED (Type or print) First Middle Last  
William Harry Cole

4. DATE OF DEATH Month Day Year  
January 2, 1959

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>Jan. 6, 1890</u>	9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR: Months <u>11</u> Days <u>29</u> IF UNDER 24 HRS.: Hours <u>  </u> Min. <u>  </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Locomotive Engineer -- Railroad</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shreveport, Louisiana</u>	11. BIRTHPLACE (City and state or country) <u>USA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Parker Cole</u>	13b. MOTHER'S MAIDEN NAME <u>Jeanette Cole</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Breeden Cole</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war & dates of service) <u>Yes World War I</u>	16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT Address <u>Mrs. Emma Cole Route #1 Holts Summit, Mo.</u>
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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) Apparently Cerebral Hemorrhage  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Sudden  
DUE TO (c) 331x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
I did not see the deceased but have filed in according to

19. WAS AUTOPSY PERFORMED? YES  NO

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>Sheriff of Callaway Co acting coroner</u>
20c. TIME OF INJURY Hour Month, Day, Year p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Turkey Creek Callaway Co</u>

20e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

20f. COUNTY Callaway STATE Mo

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_, and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Libby Claypool Local Registrar</u>	22b. ADDRESS <u>New Bloomfield Mo</u>	22c. DATE SIGNED <u>1-5-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan. 6, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>
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24. FUNERAL DIRECTOR'S ADDRESS <u>Victor Bueschke Jr Mo</u>	25. DATE RECD. BY LOCAL REG. <u>1-5-59</u>	26. REGISTRAR'S SIGNATURE <u>Libby Claypool</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Vecto Buescher* .....

Licensed Embalmer No. *3701* .....  
P. O. Address *Jemo* .....

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.