

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006621
STATE FILE NUMBER

FILED MAR 6 1959 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 31

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rolla
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McFarland Nursing Home		Length of stay in 1b 6 yrs.	d. STREET ADDRESS 6th and Rolla
3. NAME OF DECEASED (Type or print) WILLIAM TRUMAN COLE		Middle Home	Last COLE
4. DATE OF DEATH February 23, 1959		Month February	Day 23
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 1, 1880
9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 334x	IF UNDER 24 HRS. Days 2	Hours 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician, ret.		10b. KIND OF BUSINESS OR INDUSTRY Electrical	11. BIRTHPLACE (City and state or country) Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Truman F. Cole	13b. MOTHER'S MAIDEN NAME Davis
14. NAME OF HUSBAND OR WIFE		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 Nursing Home Records		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.		DUE TO (b)	DUE TO (c)
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"/>	334x
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.)		
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 11-21- to 56 and last saw ^{her} him alive on 2-19-59 Death occurred at 9 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. E. Fend m.d.		22b. ADDRESS Rolla mo.	22c. DATE SIGNED 2-24-59.
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb. 24, 1959	23c. NAME OF CEMETERY OR CREMATORY State Anat. Board	23d. LOCATION (City, town, or county) (State) Columbia, Missouri
24. FUNERAL DIRECTOR Null & Sons Funeral Home By Paul E. Null		ADDRESS Rolla	25. DATE RECD. BY LOCAL REG. Feb. 24, 1959
26. REGISTRAR'S SIGNATURE Nadine L. Stoll			

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 *Paul E. Null*

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

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.