

FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002953

FILED VS JAN 12 1960

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 4

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Ray				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		Length of stay in lb 8 yrs		c. CITY OR TOWN Richmond		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N. Camden Street			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) N. Camden Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last James D. Cole				4. DATE OF DEATH Month Day Year January 4, 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-19-1885	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min. 5 15	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Bath House Attendant		11. BIRTHPLACE (City and state or country) Kearney, Missouri		12. CITIZEN OF WHAT COUNTRY United States	
13a. FATHER'S NAME Richard D. Cole			13b. MOTHER'S MAIDEN NAME Lucy A. Nicholson			14. NAME OF HUSBAND OR WIFE Eva Danner Cole		
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. 491-01-8864		17. INFORMANT Eva Cole			Address Richmond, Missouri
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Alco (acc) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 6h unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Alcoholic cirrhosis					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)				
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 1-4-60 to death and last saw him alive on 1-4-60 Death occurred at 3:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) J. G. Croyer, MD				22b. ADDRESS Richmond, Mo.		22c. DATE SIGNED 1-6-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 6, 1960	23c. NAME OF CEMETERY OR CREMATORY Sunny Slope		23d. LOCATION (City, town, or county) (State) Richmond, Missouri			
24. FUNERAL DIRECTOR Quest Lile Funeral Home Richmond, Missouri			25. DATE RECD. BY LOCAL REG. 1-9-1960		26. REGISTRAR'S SIGNATURE Malcolm Jackson			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6

JAN

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 George J. Hill

Licensed Embalmer No. 4066

P. O. Address Redwood

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.