

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007419

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 69

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED MAR 20 1961**

**1. PLACE OF DEATH**  
 a. COUNTY Adair  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville Length of stay in 1b 4 years  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1208 S. First Inside Limits Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY Adair  
 c. CITY OR TOWN Kirksville Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 1208 S. First Reside on Farm Yes  No

**3. NAME OF DECEASED** (Type or print) First Stella Middle R. Last Cole  
**4. DATE OF DEATH** Month March Day 13 Year 1961

**5. SEX** female **6. COLOR OR RACE** white **7. Married**  **Never Married**   
**Widowed**  **Divorced**  **8. DATE OF BIRTH** 2/4/1886 **9. AGE (last birthday)** 75  
**IF UNDER 1 YEAR** Months 1 Days 1 **IF UNDER 24 HR** Hours 1 Min. 0

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Teacher **10b. KIND OF BUSINESS OR INDUSTRY** Teaching **11. BIRTHPLACE** (City and state or country) Putnam Co., Mo. **12. CITIZEN OF WHAT COUNTRY** U. S. A.

**13a. FATHER'S NAME** James L. McFarland **13b. MOTHER'S MAIDEN NAME** Margaret Ellen Hurley **14. NAME OF HUSBAND OR WIFE** Cary T. Cole

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) no **16. SOCIAL SECURITY NO.** (If yes, give war or dates of service) **17. INFORMANT** Cary T. Cole-1208 S. First, Kirksville, Mo. Address

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) medullary Failure  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Toxemia (diabetic coma)  
 DUE TO (c) Diabetes mellitus  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

**19. WAS AUTOPSY PERFORMED?** YES  NO  **20a. ACCIDENT**  **SUICIDE**  **HOMICIDE**  **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour 7:50 a.m. p.m. Month, Day, Year March 12th and March 13th 1961

**20d. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**  **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** Kirksville COUNTY Adair STATE Mo.

**21. I attended the deceased from** March 12th and March 13th 1961 and last saw her alive on March 12th at 7:50 pm on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) Stella R. Cole **22b. ADDRESS** Kirksville, Mo. **22c. DATE SIGNED** 3/15/61

**23a. BURIAL, CREMATION, REMOVAL (Specify)** burial **23b. DATE** 3/16/1961 **23c. NAME OF CEMETERY OR CREMATORY** Highland Park Cemetery **23d. LOCATION (City, town, or county)** Kirksville, Mo.

**24. FUNERAL DIRECTOR** Dee Riley Funeral Home, Inc., Kirksville, Mo. **25. DATE RECD. BY LOCAL REG.** 3-17-1961 **26. REGISTRAR'S SIGNATURE** Doris W. Ratliff

D. E. MADDOX, D.O.

**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 Wm A Jackson

Licensed Embalmer No. 3954

P. O. Address Kerrville

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.