

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015971

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2301 STATE FILE NUMBER 15971

FILED MAY 6 1963

1. PLACE OF DEATH: a. COUNTY JACKSON b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in 1b 53 YEARS c. CITY OR TOWN KANSAS CITY Inside Limits: Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON c. CITY OR TOWN KANSAS CITY Inside Limits: Yes No d. STREET ADDRESS (If outside, give location) 3423 BROOKLYN AVE Residence on Farm: Yes No

3. NAME OF DECEASED First EMMA Middle A. Last COLE 4. DATE OF DEATH Month APRIL Day 16 Year 1963

5. SEX FEMALE 6. COLOR OR RACE CAUC. 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12/26/1880 9. AGE (last birthday) 82 IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HR: Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK 10b. KIND OF BUSINESS OR INDUSTRY PHYSICIAN'S APPLIANCE COMPANY 11. BIRTHPLACE (City and state or country) NORWICH, ONTARIO, CANADA 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME WILSON 13b. MOTHER'S MAIDEN NAME ALMEDA HOUSE 14. NAME OF HUSBAND OR WIFE SAMUEL E. COLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. [REDACTED] 17. INFORMANT GLADYS E. COLE, CHICAGO, ILLINOIS Address [REDACTED]

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH [REDACTED]

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH But not related to the terminal disease condition given in PART I. (a) Senility 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 [REDACTED] - Month, Day, Year [REDACTED] a.m. [REDACTED] p.m. [REDACTED]

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.) [REDACTED] 20f. CITY, TOWN, OR LOCATION [REDACTED] COUNTY [REDACTED] STATE [REDACTED]

21. I attended the deceased from 1-2-1960 to 4-16-63 and last saw her alive on 4-15-63. Death occurred at 2:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) [REDACTED] 22b. ADDRESS 3 East 39th St. K.C., Mo. 22c. DATE SIGNED 4-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE APRIL 18, 1963 23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR J.W. NEWCOMER'S SONS, KANSAS CITY, MO. 25. DATE RECD. BY LOCAL REG. 4-17-63 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
C. Stephens
MEDICAL CERTIFICATION
SHOULD READ
ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Charles S. Stephens
Nashville, Tenn. - 47115
12-28-58

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 *Robert J. J. J.*

Licensed Embalmer No. 4096

P.O. Address R. C. Mc

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.