

The body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death is shown: (1) An accident of any nature; (2) body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) The physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT				CERTIFICATE OF DEATH		REG. NO. 71 5467	
C-400		71	5467				
1. NAME OF DECEASED (Type or Print) Dr. B. Olive Cole				2. DATE AND HOUR OF DEATH June 5, 1971 6:30 P.M.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION 48 Maryland General Hospital				4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) A. STATE Maryland B. COUNTY 1307		C. CITY OR TOWN Baltimore	
5. SEX Female 6. RACE Caucasian 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> 8. DATE OF BIRTH Nov. 14, 1883 9. AGE (In years, Months, Days) 87				10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Professor Penn School of Pharmacy		11. BIRTHPLACE (State or foreign country) Md.	
10A. KIND OF BUSINESS OR INDUSTRY				12. CITIZEN OF WHAT COUNTRY U.S.A.			
13. FATHER'S NAME Jordan Best Cole				14. MOTHER'S MAIDEN NAME Nancy Ellen Wheeler			
15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown) If yes, give year or dates of service Unknown		16. SOCIAL SECURITY NO. 220-44-1955		17. INFORMANT Hospital Records		ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Respiratory - Cardio arrest				CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 mins.	
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)				(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.				(B) Uremia & acute tubular necrosis		11 days	
				(C) Perforated gastric ulcer & shock		12 days	
II							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A)							
19A. DATE OF OPERATION May 25, 1971		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Perforated gastric ulcer		20A. AUTOPSY? (Yes or No) Yes		20B. IF YES, WERE FINDINGS CONSIDERED IN CAUSING CAUSE OF DEATH?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (Ifly medical examiner) NO		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. YEAR OF INJURY (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED While At Work <input type="checkbox"/> Not While At Work <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR			
22. I certify that (I) (did not) attend the deceased from June 25, 1971 to June 5, 1971 that (I) (we) last saw the deceased alive on 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.							
23A. SIGNATURE H.E. Bondy				23B. DATE SIGNED June 5, 1971			
23C. PHYSICIAN'S NAME (Type) H. E. Bondy				23D. ADDRESS			
24A. BURIAL OR CREMATION (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORIAN		24D. LOCATION (City, town, or county) (State)	
Burial 6-9-71		6-9-71		Mt. Carmel Crematory Parkton		Md.	
25A. SIGNATURE OF FUNERAL DIRECTOR Wm. Cooke Brooks				25B. FURNERAL DIRECTOR'S ADDRESS Wm. Cooke Brooks Towson Inc. Towson, Md.			