

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5390

FILED FEB 21 1949

BIRTH NO. _____		REG. DIST. NO. 171		PRIMARY REG. DIST. NO. 2267		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Odessa					
d. FULL NAME OF HOSPITAL OR INSTITUTION.				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) William			a. (First) William		b. (Middle) A.		c. (Last) COX		
4. DATE OF DEATH		(Month) Feb.		(Day) 4,		(Year) 1949			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Feb. 13, 1872			
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Missouri			
12. CITIZEN OF WHAT COUNTRY USA			13a. FATHER'S NAME Andrew J. Cox		13b. MOTHER'S MAIDEN NAME Ann D. Glover		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'S SIGNATURE OR NAME Mrs. Eugene Glover			ADDRESS Odessa, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of neck						INTERVAL BETWEEN ONSET AND DEATH 12 yrs	
		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION (Was operated on cancer removed Sept 1947)						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from Sept 16, 1948, to Feb 4, 1949, that I last saw the deceased (alive on Feb 4, 1949) and that death occurred at 1:40 p.m., from the causes and on the date stated above.									
23a. SIGNATURE R. Schoeleman, M.D.				23b. ADDRESS Odessa, Mo.			23c. DATE SIGNED 2/5/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 6, 1949		24c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery		24d. LOCATION (City, town, or county) Odessa, Mo. (State)			
DATE REC'D BY LOCAL REG. Feb 16 1949		REGISTRAR'S SIGNATURE Letta Drummond		25. FUNERAL DIRECTOR'S SIGNATURE Husmen - Sparks		ADDRESS Odessa, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-18-49

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.

Signed Livingston H. Husman

Signed _____
Student Embalmer

Licensed Embalmer No. 9541

P. O. Address Albany, N.Y.

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 this body is not embalmed, fact should be so stated above.