

FILED JUN 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14802**BIRTH NO. _____ REG. DIST. NO. **30** PRIMARY REG. DIST. NO. **5101** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfield (4 miles NW)	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) Warsaw Star Route	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) PERRY b. (Middle) CLAYTON c. (Last) COX			4. DATE OF DEATH (Month) (Day) (Year) MAY 21, 1949		
5. SEX MALE	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT 30, 1876	9. AGE (In years last birthday) 72	10. IF UNDER 1 YEAR Months 6 Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) Fairfield MO	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME William Cox	13b. MOTHER'S MAIDEN NAME SARA THOMAS	14. NAME OF HUSBAND OR WIFE Lucy Cox
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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 Lucy Cox	ADDRESS Fairfield
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary insufficiency		INTERVAL BETWEEN ONSET AND DEATH 6 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Renal-Vascular disease		16 yrs
	DUE TO (c) Tricuspid Valve lesion		26 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Interstitial Nephritis		592X	

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 13, 1949** to **May 21, 1949**, that I last saw the deceased alive on **May 21, 1949** and that death occurred at **8:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James J. Logan M.D.	23b. ADDRESS Warsaw Mo	23c. DATE SIGNED May 23, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 23, 1949	24c. NAME OF CEMETERY OR CREMATORY Hogles Creek cemetery	24d. LOCATION (City, town, or county) (State) Benton County, MO
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DATE REC'D BY LOCAL REG. 23 May 1949	REGISTRAR'S SIGNATURE Jac A. Logan	25. FUNERAL DIRECTOR'S SIGNATURE John J. Green	ADDRESS Warsaw
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED

District Health Officer No. 72

District File Number 4-49-612

Date Filed 5-31-49

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.

Student
Student Embalmer

Signed

John J. Pieser

Licensed Embalmer No. 4098

P. O. Address *Warsaw*

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.