

16568

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 3 1949

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 4310 Registrar's No. 18
No. 300  
10.48

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

1. PLACE OF DEATH a. COUNTY <u>MACON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>MACON</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Bevier</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bevier</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MORRIS</u> b. (Middle) <u>J</u> c. (Last) <u>Cox</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-17-49</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-30-1892</u>
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>	11. BIRTHPLACE (State or foreign country) <u>Macon Co. Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Levi Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Mary R Overstreet</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Cox</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-10-7883</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Cox</u> ADDRESS <u>Bevier, Mo</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 year</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>July 1948</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cancer of stomach</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 <u>2-21-</u> , 19 <u>48</u> , to <u>4-17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-17</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. P. Gouvoey M.D.</u> (Degree or title)		23b. ADDRESS <u>Macon MO</u>	23c. DATE SIGNED <u>5-4-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-19-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Richardsdale Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Bevier, Mo</u>
DATE REC'D BY LOCAL REG <u>5-24-49</u>	REGISTRAR'S SIGNATURE <u>Josephine King</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwards</u> ADDRESS <u>Bevier, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 6-49-969

Date Filed JUN 1 1949

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 J. E. Edwards

Licensed Embalmer No. 1961

P. O. Address Brewer, Md.

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.