

No. 300
10.48

FILED JUL 6 1949

STANDARD CERTIFICATE OF DEATH

State File No. 20249

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal (1)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal (1)</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1032 Bacon St 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeridge Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wayne</u> b. (Middle) <u>Murray</u> c. (Last) <u>Cox</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 24 1949</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>Feb. 2 1912</u>		9. AGE (In years last birthday) <u>37</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	
11. BIRTHPLACE (State or foreign country) <u>Novelty Mo</u>		12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME <u>Paul Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Lila Murray</u>		14. NAME OF HUSBAND OR WIFE <u>Carrie</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>318-12603</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Cox</u> ADDRESS <u>Monroe, Mo</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia</u>		<u>307</u>	
		DUE TO (c) <u>Pharmaceuticals at 47</u>		<u>4 p.</u>	
		II. 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		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) <u>Hannibal Mo</u>	
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 Jan 12, 1949 to June 24, 1949, that I last saw the deceased alive on Jan 24, 1949, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. B. Norton M.D.</u>		23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>6-27-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 26-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Judge Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Monroe City, Mo</u>		24e. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke Deputy</u>		24f. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u> ADDRESS <u>Hannibal Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-30-49</u>					

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

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 Michael J. Danneel

Licensed Embalmer No. 3246

P. O. Address Hannibal Mo

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.