

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **41944**
Registrar's No. **137**

BIRTH **FILED JAN 6 1950** REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5900**

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Pemisscot	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Braggadocio	a. STATE Missouri	b. COUNTY Pemisscot
c. LENGTH OF STAY (in this place) 1 mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Braggadocio	
d. FULL NAME OF HOSPITAL OR INSTITUTION County Home #		d. STREET ADDRESS (If rural, give location) 	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) Issac	b. (Middle) 	c. (Last) Cox	Dec 11, 1949

5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D.K.	8. DATE OF BIRTH Unknown at 48	9. AGE (In years) (Months) (Days) (Hours) (Min.) at 48	11. BIRTHPLACE (State or foreign country) Unknown	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY 				

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) ?	16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME Dewey Randolph Hayti Mo	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH about 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to that 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.			4272

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input 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 Jan 14, 1949, to Dec 11, 1949, that I last saw the deceased alive on Dec 10, 1949, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE I. B. Beecher	(Degree or title) M.D.	23b. ADDRESS Leatherville Mo.	23c. DATE SIGNED 12-14-49
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24a. BURIAL, CREMATION, DISPOSAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12-13-49	County Cemetery	Hayti Mo

DATE RECD BY LOCAL REG. 12-28-49	REGISTRAR'S SIGNATURE John W. German	406	25. FUNERAL DIRECTOR'S SIGNATURE John W. German	ADDRESS Hayti Mo
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(Licensed Embalmer's Statement on Reverse Side)

1-50-13

JAN 10 1950

JAN 3 RECD

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 H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.