No. 300
10-48

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

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43970

BIRTH NO. _____ REG. DIST. NO. 355 PRIMARY REG. DIST. NO. 6203 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Texas Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL CUBA
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~Etta Pearl~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Texas 070
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hartshorn (Rural)
d. STREET ADDRESS (If rural, give location): 5 Mi. N. HARTSHORN

3. NAME OF DECEASED (Type or Print)
a. (First): Etta
b. (Middle): Pearl
c. (Last): Cox

4. DATE OF DEATH (Month) (Day) (Year): Dec 8 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 5 1881
9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months: 7 Days: 4
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Darlington Ind
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: John Gobels
13b. MOTHER'S MAIDEN NAME: Elizabeth Booher
14. NAME OF HUSBAND OR WIFE: Arthur Malcomb Cox

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.:
17. INFORMANT'S SIGNATURE OR NAME: Arthur M Cox
ADDRESS:

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arterial Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 4, 1949, *to* Dec 8, 1949, *that I last saw the deceased alive on* Dec 8, 1949, *and that death occurred at* 6 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Dr. Lavern Hampton
(Degree or title): D.O.
23b. ADDRESS: Summersville Mo
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: Dec. 12 1949
24c. NAME OF CEMETERY OR CREMATORY: St Johns Cemetery
24d. LOCATION (City, town or county): Granite City
(State): Ill

DATE REC'D BY LOCAL REG.: Jan 10 1950
REGISTRAR'S SIGNATURE: Anna Roberts
25. FUNERAL DIRECTOR'S SIGNATURE: Garland V Elliott
ADDRESS: Cabool Mo

(Licensed Embalmer's Statement on Reverse Side)

Rec
Infa
1-16-
Kin

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 Gaylord V Elliott

Licensed Embalmer No. 2252

P. O. Address Caribou Me

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.