

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4706

State File No. _____

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>143</u> | | PRIMARY REG. DIST. NO. <u>1232</u> | | Registrar's No. <u>4</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Howell</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs</u> | | c. LENGTH OF STAY (in this place) <u>50 Yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs</u> <u>0460</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u> | | | | d. STREET ADDRESS (If rural, give location) _____ | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> | | b. (Middle) <u>Wesley</u> | | c. (Last) <u>COX</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12, 1950</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>Oct. 5, 1876</u> | |
| 9. AGE (In years last birthday) <u>73</u> | | 10. MONTHS <u>4</u> | | 11. DAYS <u>7</u> | | 12. HOURS & MIN. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Dent County, Missouri.</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ | |
| 13a. FATHER'S NAME <u>William Cox</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Pierce</u> | | 14. NAME OF HUSBAND OR WIFE <u>Tennessee Cox</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Walter Range, Willow Spgs., 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Car. dis. vascular renal</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS* <u>Hypertension heart disease</u> Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ | | 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>October, 1947</u> , to <u>Feb. 12, 1950</u> , that I last saw the deceased alive on <u>Feb. 12, 1950</u> , and that death occurred at <u>5:45 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>R. E. Musser, M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Willow Springs, Mo.</u> | | 23c. DATE SIGNED <u>Feb 14 50</u> | |
| 24a. BURIAL, CREMA- TION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2/15/50.</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Willow Springs, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Feb. 15, 1950</u> | | REGISTRAR'S SIGNATURE <u>Mardalee Ballard</u> 397 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Burns Funeral Home, Willow Spgs., Mo.</u> | | | |

RECEIVED 2/20/50
District Health Officer No. 5,
District File Number 250 123
Date Filed 2/24/50

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.

Signed _____
Student Embalmer

Fred W. Barnes
Signed Fred W. Barnes
Licensed Embalmer No. 4614
P. O. Address Willow Springs, 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.