

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5148

State File No.

BIRTH NO.		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage, Mo.</u>		c. LENGTH OF STAY (in this place) <u>13 Wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waco, Mo.</u>		<u>0490</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune Brooks Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u>		b. (Middle) <u>N.</u>		c. (Last) <u>COX</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8, 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>Aug. 24, 1893</u>	
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>14</u>		IF UNDER 24 HRS. Hours <u>14</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad telegrapher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Andover, Kansas.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Alexander B. Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Orilla Rison</u>		14. NAME OF HUSBAND OR WIFE <u>Flossie C. Cox</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW #1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Flossie Cox</u>		ADDRESS <u>Waco, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple lung abscesses.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>about 3 mo.</u>	
		ANTECEDENT CAUSES Morbidity 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.				<u>521X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)		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>17 Jan</u> , 19 <u>50</u> , to <u>8 Feb</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8 Feb</u> , 19 <u>50</u> , and that death occurred at <u>6 a.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. E. Boyd M.D.</u>				23b. ADDRESS <u>Carthage Mo</u>		23c. DATE SIGNED <u>8 Feb 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-10-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sarcoux Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sarcoux, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-9-50</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ulmer Funeral Home Carthage, Mo.</u>			

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

RECEIVED 2-13-50
Jasper County Health Office

County File Number 50-1-89

Date Filed 2-28-50

MAR 1 1950

MAR 29 1950

MAY 18 1961

DEPT

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

Em. P. Pugh

Licensed Embalmer No. 4739

P. O. Address

Carthage, 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.