

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13565

State File No.

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4257 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLDEN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLDEN</u> <u>0510</u>	
c. LENGTH OF STAY (in this place) <u>68 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>HOLDEN MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOLDEN MO</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MILTON</u> b. (Middle) <u>ROY</u> c. (Last) <u>COX</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 19 1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 1 1881</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTING & PAPER HANGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF EMPLOYED</u>	11. BIRTHPLACE (State or foreign country) <u>KINGSVILLE MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>IRVING COX</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY CREEEL</u>		14. NAME OF HUSBAND OR WIFE <u>OLIVE MAY COX</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Olive May Cox Holden 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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 3/11, 1950, to 4/19, 1950, that I last saw the deceased alive on 4/18, 1950, and that death occurred at 126 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul Lowell MD</u> (Degree or title)	23b. ADDRESS <u>Holden MO</u>	23c. DATE SIGNED <u>4/20/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 21 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Strasburg Cem</u>
24d. LOCATION (City, town, or county) (State) <u>Strasburg MO</u>		

DATE REC'D BY LOCAL REG. <u>Apr 22, 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. E. W. Redford</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Caraway & Kopp Holden, MO.</u>
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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 *M G Canaday*

Licensed Embalmer No. *2434*

P. O. Address *Holden 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.