

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17609**

BIRTH NO. _____		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 3047		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0490		d. STREET ADDRESS (If rural, give location) Sarcoxia R.F.D. # 1.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sale Memorial Hospital				d. STREET ADDRESS (If rural, give location) Sarcoxia R.F.D. # 1.			
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Paul c. (Last) Cox			4. DATE OF DEATH (Month) (Day) (Year) May 18, 1950				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH January 4, 1949		9. AGE (In years last birthday) 1	if UNDER 1 YEAR Month 4 Days 14	if UNDER 12 Hrs. 14 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Yokohama Japan 7		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert G. Cox		13b. MOTHER'S MAIDEN NAME Willadean Brizendine		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul G. Cox, Sarcoxia Mo. R. #1.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH 4901	
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) (Min.)		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 May 14, 1950 , to May 18, 1950 , that I last saw the deceased alive on May 18, 1950 , and that death occurred at 7:55A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) F. J. Whitcomb M.D.				23b. ADDRESS Neosho, Mo.		23c. DATE SIGNED May 19, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 20, 1950	24c. NAME OF CEMETERY OR CREMATORY Diamond Cemetery		24d. LOCATION (City, town, or county) (State) Diamond, Newton Missouri		
DATE REC'D BY LOCAL REG May 19, 1950		REGISTRAR'S SIGNATURE William C. Boneman 223		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lesley Thompson, Neosho Mo.			

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

RECEIVED

District Health Officer No. Newton County Health Dept.
District File Number .. 550-118 ..
Date Filed .. MAY 22 1950 ..

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

Ellie Kessell

Licensed Embalmer No. 4690

P. O. Address

Neosho, 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.