

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23007

FILED JUL 29 1950

BIRTH NO. _____ REG. DIST. NO. 986 PRIMARY REG. DIST. NO. 4082 Registrar's No. 9

0170

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

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bogard		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bogard 0170	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Newton c. (Last) Cox			4. DATE OF DEATH (Month) (Day) (Year) June 30, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR 31, 1867	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 2 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY SAWMILL		11. BIRTHPLACE (State or foreign country) Carroll Co. Mo.	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Thaddeus Cox		13b. MOTHER'S MAIDEN NAME MARTHA ETON		14. NAME OF HUSBAND OR WIFE Lela Viola Barr	
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 Lela Viola Cox Bogard Mo	
				ADDRESS	

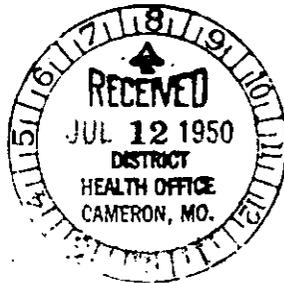
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 5 years	
		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.		210X	
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) m.		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 **March 19 47**, to **June 29 1950**, that I last saw the deceased alive on **June 29, 1950**, and that death occurred at **7 a m.** from the causes and on the date stated above.

23a. SIGNATURE Ernest L. Alcorn (Degree or title)		23b. ADDRESS Bogard, Mo		23c. DATE SIGNED 7/1/50	
24a. BURIAL, CREMATION, REMOVAL BURIAL		24b. DATE 7-4-50		24c. NAME OF CEMETERY OR CREMATORY Ebenezer	
				24d. LOCATION (City, town, or county) (State) Bogard Mo	

DATE REC'D BY LOCAL REG. 7-4-50		REGISTRAR'S SIGNATURE Eunice Street #8		25. FUNERAL DIRECTOR'S SIGNATURE E. A. Dickerson ADDRESS Bogard Mo	
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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

E. A. Johnson

Licensed Embalmer No. 2534

P. O. Address Boyard, 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.