

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34154

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u> <span style="float: right;">0672</span>	
c. LENGTH OF STAY (In this place) <u>25 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>225 Railroad Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>225 Railroad Ave.</u>		e. STREET ADDRESS (If rural, give location) <u>225 Railroad Ave.</u>	

3. NAME OF DECEASED (Type or Print) <u>Annie</u>	a. (First)	b. (Middle)	c. (Last) <u>Cox</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 22, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>March 15, 1886</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>7</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>	12. COUNTRY OF WHAT CITIZEN? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Willie Cox, deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Katie Standback</u> ADDRESS <u>225 Railroad, Charleston, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8/26/50</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>		4202	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 20, 1950</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8/25, 1950, to Oct 22, 1950, that I last saw the deceased alive on Sept 20, 1950, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S. Chas. ...</u>	23b. ADDRESS <u>Charleston Mo</u>	23c. DATE SIGNED <u>10/25/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 23, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 2-1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Rex Kilgore</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u> ADDRESS <u>Charleston, Mo.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

NOV 2 R

RECEIVED

Miss. Co. Health D

County File No. \_\_\_\_\_

Date Filed NOV 3

**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 Frank J. Sparks

Licensed Embalmer No. 3453

P. O. Address Capo Grande

**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.

*Shops 12, F*