

FILED JAN 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41507

BIRTH NO. _____		REG. DIST. NO. 212		PRIMARY REG. DIST. NO. 3044		Registrar's No. 52			
1. PLACE OF DEATH a. COUNTY <u>MILLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u>		d. STREET ADDRESS (If rural, give location) <u>13th & Grand</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>13th & Grand</u>				d. STREET ADDRESS (If rural, give location) <u>13th & Grand</u>					
3. NAME OF DECEASED a. (First) <u>William</u> (Type or Print)			b. (Middle) <u>WADE</u>		c. (Last) <u>COX</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 12 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>APR. 12, 1889</u>		9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FRESH PRODUCE</u>		11. BIRTHPLACE (State or foreign country) <u>CHERTON, CO. MD.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>W^{AS} JESSIE COX</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH LYNCH</u>			14. NAME OF HUSBAND OR WIFE <u>JOSIE 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>494-220434</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W.W. Cox</u>			ADDRESS <u>Eldon</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</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.						INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u>	
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)		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>11 December, 1950</u> , to <u>12 December, 1950</u> , that I last saw the deceased alive on <u>11 December, 1950</u> and that death occurred at <u>12:10 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE* <u>Carl J. Buehler, M.D.</u>				(Degree or title)		23b. ADDRESS <u>Eldon, Mo</u>		23c. DATE SIGNED <u>14 Dec 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec. 14, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DOOLEY</u>		24d. LOCATION (City, town, or county) (State) <u>Eldon MO.</u>			
DATE REC'D BY LOCAL REG. <u>Dec. 14, 1950</u>		REGISTRAR'S SIGNATURE <u>Alvarado Walt</u>			192		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis N. Phillips</u>		ADDRESS <u>Eldon</u>

(Licensed Embalmer's Statement) on Reverse Side

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

RECEIVED

JAN 5 1950

MILLER COUNTY HEALTH
DEPARTMENT

Mailed: Jan. 5,
Miller County
Department
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.

Signed Ernest L Young

Signed _____
Student Embalmer

Licensed Embalmer No. 4785

P. O. Address Eldon, 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.