

FILED MAR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7143**
Registrar's No. **8**

BIRTH NO. _____ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **4469**

1951

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

1. PLACE OF DEATH a. COUNTY ST. GENEVIEVE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. GENEVIEVE	
b. CITY OR TOWN ST. GENEVIEVE		c. CITY OR TOWN ST. GENEVIEVE	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) 28 So. Main St	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			

3. NAME OF DECEASED a. (First) GARY b. (Middle) WAYNE c. (Last) COX			4. DATE OF DEATH (Month) (Day) (Year) MAR 5 1951		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
8. DATE OF BIRTH MAR 16 1943		9. AGE (In years last birthday) 7		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	
11. BIRTHPLACE (State or foreign country) ST. GENEVIEVE MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME ODELL COX		13b. MOTHER'S MAIDEN NAME LENA VEST		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Odell Cox Sr. St. Genevieve Mo ADDRESS _____	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Dilatation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Granulocytosis DUE TO (c) Lymphatic Leukemia		INTERVAL BETWEEN ONSET AND DEATH 6 months 6 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2040					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			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 **Sept 1950**, to **March 5, 1951**, that I last saw the deceased alive on **March 5, 1951**, and that death occurred at **12:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Odell Cox Sr.		23b. ADDRESS St. Genevieve Mo		23c. DATE SIGNED 3-6-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR 7 1951		24c. NAME OF CEMETERY OR CREMATORY BAPTIST CEMETERY		24d. LOCATION (City, town, or county) (State) ST. GENEVIEVE MO	
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DATE REC'D BY LOCAL REG Mar 6 1951		REGISTRAR'S SIGNATURE Herena M. Noel		25. FUNERAL DIRECTOR'S SIGNATURE Res. Basler St. Genevieve Mo		ADDRESS _____	
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File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 8 1951

RECEIVED

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 Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve, 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.