

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11321

FILED APR 2 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 49

1082

1. PLACE OF DEATH a. COUNTY <u>Vernon Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>4327 No. Clay St.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Nevada City Hospital.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hubert</u> b. (Middle) <u>Cox.</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Ch 21st 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>June 18-1867</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retiring) <u>Retired pharmacist.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drug Store.</u>	
11. BIRTHPLACE (State or foreign country) <u>Blairstown, Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		

13a. FATHER'S NAME <u>S.T. Cox.</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Higbie. (Dec)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul H. Cox. Wichita, Kas.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 min</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertensive Heart Disease</u>		<u>4 yrs</u>	
DUE TO (c) <u>Hemiplegia RT</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>3 wks</u>	

19a. DATE OF OPERATION <u>✓</u>		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) <u>4201</u>	
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 3-18-1951, to Mon 21st 1951, that I last saw the deceased alive on 3-21-1951, and that death occurred at 6:40 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert Kray, M.D.</u>		23b. ADDRESS <u>Nevada Mo.</u>		23c. DATE SIGNED <u>3-21-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-23-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Richland Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Richards, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>3-22-51</u>		REGISTRAR'S SIGNATURE <u>Anna E. Harvey</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Orlando A. Cheney-Ft. Scott, Kans.</u>	
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(Licensed Embalmer's Statement on Reverse Side) Cheney

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

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED | MAR 26 1951

Dist. File 337-63-8

Date Filed 3-26-51

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 D. A. Cheney

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 2613

P. O. Address Ft. Scott, 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.