

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11887

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>26</u>		
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 years</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Urisk</u>		<u>0430</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nichols Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Robert</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>Cox</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>3</u>		(Year) <u>1951</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>		8. DATE OF BIRTH <u>Jan. 12, 1891</u>		
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>street car</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Martin Cox</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Higge</u>			14. NAME OF HUSBAND OR WIFE <u>Emma Davis</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R. O. Fische Schell City, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory paralysis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>					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>April 24, 1951</u> , to <u>May 3, 1951</u> , that I last saw the deceased alive on <u>May 3, 1951</u> , and that death occurred at <u>6 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>C. H. Sunderwirth D.O.</u>				23b. ADDRESS <u>El Dorado Springs, Mo.</u>		23c. DATE SIGNED <u>5/4/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 5, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laborville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laborville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5/3/51</u>		REGISTRAR'S SIGNATURE <u>George W. Napier</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lewis & Son Schell City, Mo.</u>			

MAY 3, 1951 LEG Embalmer's Statement on Reverse Side

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

201
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED: MAY 8 1951

Dist. File 231-9126

Date Filed 5-9-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Marion M. Lewis

Signed.....

Student Embalmer

Licensed Embalmer No. 3084

P. O. Address Schell City, 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.