

S. No. 300
v. 10-48

FILED MAY 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12926

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 40

| | | | |
|--|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Greenwood</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Greenwood</u> | |
| c. LENGTH OF STAY (In this place) <u>16yr</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Greenwood, Mo.</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Cordie</u> b. (Middle) <u>Preston</u> c. (Last) <u>Cox</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1951</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Oct. 18, 1895</u> |
| 9. AGE (In years last birthday) <u>55</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | 11. BIRTHPLACE (State or foreign country) <u>Lee's Summit, Missouri</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? |
| 13a. FATHER'S NAME <u>William C. Cox</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna E. Hamilton</u> | 14. NAME OF HUSBAND OR WIFE <u>-----</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Cox - Greenwood, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | <u>4222</u> | |
| 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>Oct. 4, 1950</u> , to <u>April 14, 1951</u> , that I last saw the deceased alive on <u>April 14, 1951</u> , and that death occurred at <u>10:20 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Christ Miller</u> (Degree or title) | | 23b. ADDRESS <u>Lee's Summit MO</u> | |
| 23c. DATE SIGNED <u>4-16-51</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>April 16, 1951</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Greenwood, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>4-16-51</u> | | REGISTRAR'S SIGNATURE <u>Edward C. Eamshaw</u> 378 | |
| FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Langford</u> | | ADDRESS <u>Lee's Summit, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

480
1

NOV 4 1920

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

M. B. Langford

Licensed Embalmer No. 3853

P. O. Address Lee's Summit, 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.