

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32479**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **55**

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Monett</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Monett</b>	
c. LENGTH OF STAY (in this place) <b>2 Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>211 W. Main St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>W. Williams Home 211 Main</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Sanders</b>	b. (Middle) <b>A</b>	c. (Last) <b>Cox</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 20, 1951</b>
-------------------------------------	---------------------------	----------------------	----------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 16, 1875</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>4</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
--------------------	-------------------------------	---	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired construction employee</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>employee</b>	11. BIRTHPLACE (State or foreign country) <b>Lawrence County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	---	--

13a. FATHER'S NAME <b>Marshall Cox</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy (Unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>Gertrude Richardson Cox</b>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Basil M. Cox, Monett, Mo.</b>	ADDRESS <b></b>
--	-----------------------------------	--	-----------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>As a result of</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic asbestos caecitis</b> DUE TO (c) <b>Vascular renal disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>			

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 **Sept 16, 1951**, to **Sept 20, 1951**, that I last saw the deceased alive on **Sept 16, 1951**, and that death occurred at **5:10 P.M.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Basil M. Cox</b>	23b. ADDRESS <b>Monett, Mo.</b>	23c. DATE SIGNED <b>Sept 27, 51</b>
--	---------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 23, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cox Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Northwest of Monett, Mo.</b>
---	---------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>9-29-51</b>	REGISTRAR'S SIGNATURE <b>W. M. West</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bennett-Wormington</b>	ADDRESS <b>Monett, Mo.</b>
---	---	--	----------------------------

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

051  
1

FILED OCT 22 1951

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

RECEIVED  
Dist. File 42121821  
Date Filed 10/22/34

OCT 22 1934

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. \_\_\_\_\_

Student .....  
Student Embalmer

Signed J. Edwin Bennett

Licensed Embalmer No. 4213

P. O. Address Monett 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.