

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40689**

FILED DEC 31 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1338

0117

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Joseph.</b> ) c. LENGTH OF STAY (In this place) <b>38 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1107 So. 28th (home)</b>		d. STREET ADDRESS (If rural, give location) <b>1107 So. 28th St.</b>	
3. NAME OF DECEASED a. (First) <b>ALVA</b> b. (Middle) <b>J.</b> c. (Last) <b>COX</b>			4. DATE OF DEATH (Month) <b>12</b> (Day) <b>21</b> (Year) <b>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>8-30-1880</b>
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Section Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Un. Ter. R.R.</b>	11. BIRTHPLACE (State or foreign country) <b>Wallace, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Jacob Cox</b>	
13b. MOTHER'S MAIDEN NAME <b>Margaret ?</b>		14. NAME OF HUSBAND OR WIFE <b>Stella Cox (de)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>not given</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Berniece Oyler, 1107 So. 28th St.</b>		ADDRESS	
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) <b>Malignancy</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>(Abdominal) Carcinoma of 6 mo</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchectasis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>1991</b>	
22. I hereby certify that I attended the deceased from <b>9/24</b> , 19 <b>51</b> , to <b>12/21</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>Dec 21</b> , 19 <b>51</b> , and that death occurred at <b>11:00P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Cepton Beech MD</b>		23b. ADDRESS <b>218 No 7 St Joseph</b>	
23c. DATE SIGNED <b>12/24/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>12-24-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>
DATE REC'D BY LOCAL REG. <b>Dec 29, 1951</b>	REGISTRAR'S SIGNATURE <b>Carl E. Costello</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John B. Sapp</b>	ADDRESS <b>St. Joseph, Mo.</b>

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.

Signed.....  
Student Embalmer

Signed

*John E. Rupp*

Student Embalmer No.....

Licensed Embalmer No. *7986*

P. O. Address *H. Joseph, Md*

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.