

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4915  
994

No. 300  
10.48

FILED MAR 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 994

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>519 CYPRESS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>519 CYPRESS</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MITCHELL</u> b. (Middle) <u>—</u> c. (Last) <u>COXWELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-1-1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 29-1876</u>
9. AGE (In years last birthday) <u>75</u>	# UNDER 1 YEAR Months <u>—</u>	# UNDER 1 YEAR Days <u>—</u>	# UNDER 1 YEAR Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DIV. PASSENGER-AGENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SOUTHERN R.R. SYSTEM</u>	
11. BIRTHPLACE (State or foreign country) <u>ABBEVILLE, ALABAMA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>WRIGHT COXWELL</u>	13b. MOTHER'S MAIDEN NAME <u>— KIRKLAND</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. KATE COXWELL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>704-18-3579</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. KATE COXWELL</u>	ADDRESS <u>519 CYPRESS K.C. MO.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central hemorrhage</u>		DUE TO (b) <u>Generalized Herchell's tuberculosis</u>		<u>8 hours</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Essential hypertension</u>		<u>6 yrs +</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Residual paralytic ascending to Central hemorrhage 11-24-51</u>		<u>10 yrs.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE (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) m.	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 7-9, 1946, to Mar 1, 1952, that I last saw the deceased alive on Jan 21, 1952, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

22a. SIGNATURE <u>Joseph S. Welker</u> (Degree or title) <u>MD</u>	22b. ADDRESS <u>836 Prof. Bldg. K.C. Mo.</u>	22c. DATE SIGNED <u>3/3/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>MAR. 4-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>
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DATE REC'D BY LOCAL REG <u>3-3-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman &amp; Son</u>	ADDRESS <u>2mc.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Kansas 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.