

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13593

575 File No. 4322 Registrar's No. 212

FILED APR 16 1952

BIRTH NO.		REG. DIST. NO. 210		PRIMARY REG. DIST. NO.		Registrar's No. 212	
1. PLACE OF DEATH a. COUNTY <b>Mercer</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Mercer</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Marian Twp.</b>		c. LENGTH OF STAY (In this place township) <b>21 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Marian Twp.</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home - Marian Twp.</b>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Andrew</b> c. (Last) <b>Cox</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 29, 1952</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 10, 1900</b>	9. AGE (In years last birthday) <b>51</b>	10. MONTH <b>1</b>	11. YEAR <b>1952</b>	12. HOURS <b>11:00</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jesse Cox</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Hashman</b>		14. NAME OF HUSBAND OR WIFE <b>May 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.		17. INFORMANT'S SIGNATURE OR NAME <i>William Cox</i> ADDRESS <b>Mercer Mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastric hemorrhage &amp; Perforation</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Croupous Gastric colitis</b> DUE TO (c) <b>Peptic Ulcer</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs</b> <b>yes</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>5401</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., at or about home, farm, factory, public place, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>April 4, 1949</b> , to <b>Mar 29, 1952</b> , that I last saw the deceased alive on <b>Mar 29, 1952</b> , and that death occurred at <b>11:25A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Gen. J. Davis</i>			23b. ADDRESS <b>Muscow, Mo</b>			23c. DATE SIGNED <b>April 52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 31, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Girdner Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Mercer County Mo.</b>		
DATE REC'D BY LOCAL REG. <b>4-10-52</b>		REGISTRAR'S SIGNATURE <i>Walter Mack</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Sam Hauder</i>		ADDRESS <b>Lineville, Iowa</b>	

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

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OCT 14 1957

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 Ames L. Gravelle

Signed .....  
Student Embalmer

Licensed Embalmer No. 3967

P. O. Address Linnville, Ga.

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.