

SEP 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3942  
31551

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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>Ray</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>30 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Krestwoods Med. Hosp. 2700 Tracy</u>				d. STREET ADDRESS (If rural, give location) <u>1202 Highland</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>			b. (Middle) <u>W.</u>		c. (Last) <u>Cox</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5 52</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>		8. DATE OF BIRTH <u>November 2, 1878</u>		9. AGE (In years last birthday) <u>73</u>	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Joseph W. Cox</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Stewart</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Abel Cox</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. R. Cox, 2210 Denver St., KC 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u>					<u>4 days</u>
		DUE TO (c) <u>Hypertensive Vascular Disease</u>					<u>3 years</u>
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arterial Sclerosis</u>					<u>years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>					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 <u>Aug 29, 1952</u> to <u>Sept 5, 1952</u> , that I last saw the deceased alive on <u>Sept 5, 1952</u> , and that death occurred at <u>9:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Thos. C. McHale</u> (Degree or title)				23b. ADDRESS <u>4620 Indep. Ave</u>		23c. DATE SIGNED <u>9-6-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/6/52</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Lexington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-6-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; McCLURE, Kansas City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

John Thomas McHale  
4623 Enclosure

CL 5750  
Oct 11-80

**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 F. L. Walton

Licensed Embalmer No. 2244

P. O. Address K. C. 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.