

FILED OCT 25 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34079

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 341

1. PLACE OF DEATH a. COUNTY <u>Laughlin Hospital Adair Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>KNOX</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirksville Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rutledge Mo.</u> <u>1520</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Julia</u>	b. (Middle)	c. (Last) <u>Cox</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 18 1952</u>
--	----------------------------	-------------	-------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 5, 1922</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 24 HRS. Days <u>13</u>	IF UNDER 24 HRS. Hours <u>13</u>	IF UNDER 24 HRS. Mins.
-------------------------	----------------------------------	--	---	---------------------------------	---------------------------------------	---------------------------------------	--	---------------------------

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

13a. FATHER'S NAME <u>John Flanagan</u>	13b. MOTHER'S MAIDEN NAME <u>Fanny West</u>	14. NAME OF HUSBAND OR WIFE <u>Charles W. 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.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Vera Cox</u>	ADDRESS <u>Brunswick 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic glomerulonephritis</u> <u>yes</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive cardiovascular disease</u> <u>Yes</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>592x</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) (Min)	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 9/18, 1952 to 10/18, 1952, that I last saw the deceased alive on 10/18, 1952, and that death occurred at 8:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edna S. Clure Do</u>	23b. ADDRESS <u>Kirksville, Mo</u>	23c. DATE SIGNED <u>10/19/52</u>
---	---------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 22, '52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pauline Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rutledge Missouri</u>
--	---------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>10-21-52</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs J. W. Hudson</u>	ADDRESS <u>Edina Mo</u>
---	--	---	----------------------------

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

013  
0

2

APR 26 1955

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 Mrs J. W. Hudson  
.....

Licensed Embalmer No. 2972

P. O. Address Edina, 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.