No. 300
10-48

E. A. Bucher

FILED NOV 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39648

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 167

781 1

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti 0781
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Able
b. (Middle):
c. (Last): Cox

4. DATE OF DEATH (Month) (Day) (Year): Oct 8, 1952

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 18, 1889
9. AGE (In years last birthday): 63 — If under 1 year: Months: 7 Days: 20 — If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Osceola Ark. A
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jimmie Cox
13b. MOTHER'S MAIDEN NAME: Maggie McNeal
14. NAME OF HUSBAND OR WIFE: Patty Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): # I
16. SOCIAL SECURITY NO.: -
17. INFORMANT'S SIGNATURE OR NAME: Anderson Cox
ADDRESS: Rt#3 Steele, Mo.

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) Unknown - This man died
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
(b) without Med. attention.
(c) No foul play involved
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
7952
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 3:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: James A. Osburn
(Degree or title): Coroner
23b. ADDRESS: Wardell, Mo.
23c. DATE SIGNED: 10-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-12-52
24c. NAME OF CEMETERY OR CREMATORY: County Cemetery
24d. LOCATION (City, town, or county) (State): Hayti Rural Hayti, Mo.

DATE REC'D BY LOCAL REG.: 11-14-52
REGISTRAR'S SIGNATURE: John H. German 406-1
25. FUNERAL DIRECTOR'S SIGNATURE: John H. German
ADDRESS: Hayti, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

11-343-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 70
CARUTHERSVILLE, MO.

NOV 18 1952

NOV 21 1952

NOV 20 1952

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 John H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo.

Signed.....
Student Embalmer

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.