

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44306

No. 300  
10.48

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

FILED DEC 23 1952  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 307 State File No. 198 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>I205 W. Walnut</b>		c. LENGTH OF STAY (In this place) <b>7 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>I205 W. Walnut</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada Rural 1080</b>	
		d. STREET ADDRESS (If rural, give location) <b>RR # 3</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <b>William</b>	b. (Middle) <b>F.</b>	c. (Last) <b>COX</b>	<b>I2-14-52</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>July 11, 1870</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Days <b>5</b>	IF UNDER 24 HRS. Hours <b>3</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Forman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>railroad</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Hartville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Unknown James Cox</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown Jane Allison</b>	14. NAME OF HUSBAND OR WIFE <b>Lillie Cox</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lillie Cox, Nevada, Mo.</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Left Ventricular Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic C.V.R. Disease</b>		
	DUE TO (c) <b>Chr. Rheumatoid Arthritis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>442X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **August 29, 1952, to Dec 14, 1952**, that I last saw the deceased alive on **Dec 14, 1952**, and that death occurred at **2:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)	23b. ADDRESS <b>Nevada, Mo</b>	23c. DATE SIGNED <b>12/15/52</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>I2-16-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bickett</b>	24d. LOCATION (City, town, or county) (State) <b>Milo, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-20-52</b>	REGISTRAR'S SIGNATURE <b>Arma E. Ferry</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Eichinger Funeral Home, Nevada, Mo</b>	ADDRESS
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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 Richard T. Shorten

Licensed Embalmer No. 4532

P. O. Address Nevada, 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.