THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14113

FILED APR 16 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1727

1. PLACE OF DEATH

a. COUNTY: Jackson

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City

c. LENGTH OF STAY (in this place): 3 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Kansas

b. COUNTY: Johnson

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sunflower

d. STREET ADDRESS (If rural, give location): 101 Aqueduct

3. NAME OF DECEASED (Type or Print)

a. (First): Acie

b. (Middle): R.

c. (Last): COX Jr.

4. DATE OF DEATH (Month) March (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: November 14, 1925

9. AGE (In years last birthday): 27 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Chevrolet Mtr. Co.

11. BIRTHPLACE (City and State or Foreign Country): Batesville, Arkansas

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Acie R. Cox, Sr.

13b. MOTHER'S MAIDEN NAME: Viola Allen

14. NAME OF HUSBAND OR WIFE: Francies C. Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-2

16. SOCIAL SECURITY NO.: 430-36-6910

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Official Records, VA Hospital, K.C. 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) Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rheumatic valvular heart disease — 1½ yrs

inactive

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

414X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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 Mar 26, 1953, to Mar 28, 1953, and that death occurred at 8:16P m., from the causes and on the date stated above.

3-4-53

23a. SIGNATURE: T. J. RANKIN, M.D. — (Degree or title): Chief, Medical Service

23b. ADDRESS: VA Hospital, Kansas City, Mo.

23c. DATE SIGNED: 3/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: March 29, 1953

24c. NAME OF CEMETERY OR CREMATORY: —

24d. LOCATION (City, town, or county) (State): Batesville, Arkansas

DATE REC'D BY LOCAL REG.: 3-29-53

REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: D. W. Newcomer's Sons Kan. City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Kansas City M

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.