

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25370**

FILED AUG 5 - 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY OR TOWN JOPLIN	c. LENGTH OF STAY (in this place) township) 55 YRS	c. CITY OR TOWN JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1905 MICHIGAN		d. STREET ADDRESS (If rural, give location) 1905 MICHIGAN	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) ANDERSON c. (Last) COX			4. DATE OF DEATH (Month) (Day) (Year) JULY 27, 1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 25, 1878	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER		10b. KIND OF BUSINESS OR INDUSTRY GREENHOUSE	11. BIRTHPLACE (State or foreign country) REEDS, Mo.		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME J. T. COX	13b. MOTHER'S MAIDEN NAME MAY STEVENS	14. NAME OF HUSBAND OR WIFE ALPHA COX
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ALPHA COX, 1905 MICHIGAN, JOPLIN

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH Years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		Years Years
DUE TO (c) Generalized Arteriosclerosis		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1. Carcinoma Prostrate 2. Possible Carcinoma Urinary Bladder		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 3. Tuberculosis	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 June 23, 1953, to June 28, 1953, that I last saw the deceased alive on June 23, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE William B. Butterworth, M.D. (Degree or title)	23b. ADDRESS 505 Frisco Bldg.	23c. DATE SIGNED July 29, 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-30-53	24c. NAME OF CEMETERY OR CREMATORY FULLERTON
DATE REC'D BY LOCAL REG. 7-31-53	REGISTRAR'S SIGNATURE Ed. J. James	24d. LOCATION (City, town, or county) (State) JASPER COUNTY, Mo.
5. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, Mo.		ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 3 1953

RECEIVED

Jasper County Health Office

County File Number 53-8-632

Date Filed ~~AUG 3 1953~~

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.....
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.