

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5272

State File No.

No. 300
10.48

FILED MAR 1 1954

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 15

0229
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>JEFF.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>JEFF.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>DE SOTO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>DE SOTO</u>	
c. LENGTH OF STAY (in this place) <u>59 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>1210 ROCK RD.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1210 Rock Rd.</u>		e. STREET ADDRESS (If rural, give location) <u>1210 ROCK RD.</u>	

3. NAME OF DECEASED (Type or Print) <u>ROBERT POOLE COXWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 11 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 13 1894</u>		9. AGE (In years last birthday) <u>59</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FURNITURE</u>		11. BIRTHPLACE (State or foreign country) <u>DE SOTO Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>ERNEST COXWELL</u>	13b. MOTHER'S MAIDEN NAME <u>EFFIE POOLE</u>	14. NAME OF HUSBAND OR WIFE <u>GEORGIA COXWELL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>WORLD WAR I 493-01-7112</u>	17. INFORMANT'S SIGNATURE OR NAME <u>GEORGIA COXWELL</u>	ADDRESS <u>DE SOTO Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis, probable ventricular fibrillation</u>	DUPLICATE TO (b) <u>arteriosclerosis of coronary arteries</u>		<u>one or two months</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUPLICATE TO (c)		?
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	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)
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 19 50, to Feb. 11, 1954, that I last saw the deceased alive on Feb 3, 1954, and that death occurred at 5:15 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>	23b. ADDRESS <u>Desoto, Mo.</u>	23c. DATE SIGNED <u>2-13-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB. 13 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN PARK</u>	24d. LOCATION (City, town, or county) (State) <u>DE SOTO Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-17-54</u>	REGISTRAR'S SIGNATURE <u>Marie Farris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. Dietz</u>	ADDRESS <u>Desoto Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED FEB 23 1954

MAR 9 1954

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 *Donnell B. Dietrich*

Licensed Embalmer No. *4104*

P. O. Address *Debita 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.