

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26119

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>375</u>		PRIMARY REG. DIST. NO. <u>6287</u>		Registrar's No. <u>77</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>Wright</u>		b. CITY (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN: <u>Mansfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>1140</u>	
b. CITY OR TOWN <u>Mansfield Rural</u>		c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) <u>Mansfield Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mansfield Rural</u>							
3. NAME OF DECEASED		a. (First)		b. (Middle)		c. (Last)	
(Type or Print) <u>Elizabeth</u>		<u>Tempa</u>		<u>COX</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-24-54</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-26-88</u>	
9. AGE (In years last birthday) <u>66</u>		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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u> Sterling Gaskill</u>		13b. MOTHER'S MAIDEN NAME <u> Amana Crider</u>		14. NAME OF HUSBAND OR WIFE <u> Shel Cox</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u> Shel Cox, Mansfield, Mo.</u>			
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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial (Pneumonia)</u>				<u>3 years</u>	
		ANTECEDENT CAUSES		DUE TO (b) <u>arthritis</u>			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <input checked="" type="checkbox"/>			
		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"/>	
						<u>21222x</u>	
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 <u>6/23/54</u> 19 <u>54</u> , to <u>6/24</u> 19 <u>54</u> , that I last saw the deceased alive on <u>6/23</u> , 19 <u>54</u> , and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W.H. Hummelman</u> (Degree or title) <u>2 DO</u>				23b. ADDRESS <u>Mansfield Mo</u>		23c. DATE SIGNED <u>7/9/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>6/26/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u># 5 Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wright County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/9/54</u>		REGISTRAR'S SIGNATURE <u>Ken Rube</u> <u>384</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lawrence Ferrell, Mansfield Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

REC-25 1954

Date Filed 7-29-54

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..... Signature of Student Embalmer

Signed.. *How S. Ferrel*.....

Licensed Embalmer No. *489*

P. O. Address *M. Anafis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.