

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26697

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5361 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY OR TOWN <u>Rural Jackson Twp.</u>		c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>3 Miles N.W. Lock Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Miles N.W. Lock Springs</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Edward</u> c. (Last) <u>Cox</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 4 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 23 1877</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Days _____ IF UNDER 10 HRS. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Daviess Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Joseph M. Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Tye</u>		14. NAME OF HUSBAND OR WIFE <u>Betty Cox</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Chas. E. Cox, Lock Springs, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u>			<u>9 hrs</u>
	DUE TO (c) _____			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Parotiditis</u>			<u>3 days</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>		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)		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 July 27 1954, to Aug 4 1954, that I last saw the deceased alive on Aug 4 1954, and that death occurred at 8:14 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Bailey</u> (Deputy or Title)		23b. ADDRESS <u>W. O. Sameport Mrs.</u>		23c. DATE SIGNED <u>8-7-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-6-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lock Springs Cem.</u>	
DATE REC'D BY LOCAL REG. <u>8-12-54</u>		REGISTRAR'S SIGNATURE <u>Vernon M. Englehart</u>		24d. LOCATION (City, town, or county) (State) <u>Lock Springs, Missouri</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u>		ADDRESS <u>Gallatin, Mo.</u>			

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

0312

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 *L. O. Richardson*.....

Licensed Embalmer No. *330*.....

P. O. Address *Gallatin*.....

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.