

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33678

State File No.

FILED NOV 1 - 1954

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5474 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY <u>Grundy County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route 5 Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route 5 Trenton Jefferson Twp</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Route 5 Trenton 0400</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family Home Route 5 Trenton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MANLEY</u> b. (Middle) <u>Russell</u> c. (Last) <u>COX</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 27 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>APR 23 1908</u>		9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR: Months <u>5</u> Days <u>4</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
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>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>W.A. Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Manda Little</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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 <u>W.A. Cox</u> ADDRESS _____	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>about 1 year</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE 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"/>	
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) <u>151X</u>	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>Aug 15th</u> , 19 <u>54</u> , to <u>Sept 27th</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 27th</u> , 19 <u>54</u> and that death occurred at _____ m., from the causes and on the date stated above.					

23a. SIGNATURE <u>Clara F. Duffy M.D.</u> (Degree or title)		23b. ADDRESS <u>Trenton Mo.</u>		23c. DATE SIGNED <u>Sept 28th 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 29 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>1007 Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Edinburg, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>9-29-54</u>		REGISTRAR'S SIGNATURE <u>Helen Jane</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DAVIS-BLACKMORE</u> ADDRESS <u>Borden Blackmore Trenton, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0400

O. F. Duffy M.D.

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

Gordon Blackmer

Licensed Embalmer No. 4602

P. O. Address Trenton, N.J.

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.