

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 24 1955

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2008

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location) 3040 GRAND AVE,	
3. NAME OF DECEASED (Type or Print) a. (First) LEON b. (Middle) HENRY c. (Last) COX, SR.		4. DATE OF DEATH (Month) (Day) (Year) MAY 7 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCTOBER 13, 1895
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		10b. KIND OF BUSINESS OR INDUSTRY INTERIOR DECORATOR	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME HENRY P. COX		13b. MOTHER'S MAIDEN NAME BERTIE T. TUCKER	14. NAME OF HUSBAND OR WIFE ALBERTHA COX
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES WW I		16. SOCIAL SECURITY NO. 495-01-3086	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VAH Official Records Kansas City, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, right lower lobe		INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSES DUE TO (b) Inanition		4 months	
DUE TO (c) Carcinoma of colon, recurrent		9 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		153X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 (Month) (Day) (Year) (Hour) OF INJURY		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 February 9, 1955, to May 7, 1955, that I was satisfied the deceased died of <u>VA</u> and that death occurred at <u>7:58A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE Dortha Maybright MD (Degree or title)		23b. ADDRESS VA Hospital Kansas City, Missouri	
23c. DATE SIGNED May 7, 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 9-1955	
24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 5-9-55 neva minshell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer Sons 1331 BRUSH CREEK KANSAS CITY, MO.	

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

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 *John B Lewis*
Licensed Embalmer No. *48*

P. O. Address: *K C MI*

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.