

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19376

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 2696 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <i>Livingston</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Livingston</i>	
b. CITY OR TOWN <i>Jamesport Jackson Twp.</i>	c. LENGTH OF STAY (in this place) <i>7 1/2</i>	c. CITY OR TOWN <i>Jamesport</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0590
d. FULL NAME OF (If not in hospital or institution, give street address & location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <i>6 mi S.E. Jamesport</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>HAROLD</i>	b. (Middle) <i>LEWIS</i>	c. (Last) <i>COX</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>July 6 1955</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug. 27 - 1894</i>	9. AGE (in years last birthday) <i>60</i>	IF UNDER 1 YEAR Months <i>4</i>	IF UNDER 1 YEAR Days <i>9</i>	IF UNDER 1 HRS. Hours <i>9</i> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Ringgold Co. Iowa</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
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13a. FATHER'S NAME <i>Lewis Cox</i>	13b. MOTHER'S MAIDEN NAME <i>Elizabeth Pritchard</i>	14. NAME OF HUSBAND OR WIFE <i>Ethel Trece Cox</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Esther Cox</i>	ADDRESS <i>Jamesport Mo. P.O.</i>
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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>1 hr</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary thrombosis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Blood clot in coronary artery</i> DUE TO (c) <i>Enlargement of heart; mitral lesion</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>4201</i>			

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *July 5, 1955*, to *July 6, 1955*, that I last saw the deceased alive on *July 5, 1955*, and that death occurred at *6:30 AM.*, from the causes and on the date stated above.

23a. SIGNATURE <i>H.V. Bailey</i>	(Degree or title) <i>2</i>	23b. ADDRESS <i>Belleville Mo.</i>	23c. DATE SIGNED <i>7-6-55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>July 9 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Masonic Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Jamesport Missouri</i>
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DATE REC'D BY LOCAL REG. <i>7-6-55</i>	REGISTRAR'S SIGNATURE <i>Frances B. Neill</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>D. S. Robertson</i>	ADDRESS <i>Jamesport Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 17 1958

8061 2 2 1111

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 *O. L. Robinson*.....

Licensed Embalmer No. *32*.....

P. O. Address *James*.....

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.