

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26085

State File No. ....

FILED SEP 7 1955

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3649</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (If in this place) <u>14 YRS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ON STREET 2609 MAIN</u>				No. STREET ADDRESS (If rural, give location) <u>2302 FLORA</u> <u>3419</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u>		b. (Middle) <u>B.</u>		c. (Last) <u>COX</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 16, 1955</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>NOV. 18, 1920</u>			
9. AGE (In years last birthday) <u>34</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BARBERSHOP</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ALMA, ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>J.B. COX</u>		13b. MOTHER'S MAIDEN NAME <u>ARIZONA TURNER</u>		14. NAME OF HUSBAND OR WIFE <u>DOROTHY COX</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>W.W. # 2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ARIZONA COX</u>		ADDRESS <u>R.1-BOX 75 ALMA, ARK.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Profuse Bilateral Hemorrhage</u> DUE TO (c) <u>Fractured Ribs &amp; Lacerated Lungs</u>  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diffuse Interstitial mediastinal Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>2 1/2</u> <u>31</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>2609 main st</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City, Jackson MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Aug 16, 1955</u> <u>5:02 A.M.</u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Traffic death car hit utility pole</u>							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Deputy coroner</u>				23b. ADDRESS <u>1618 India Ave</u>		23c. DATE SIGNED <u>8/18/55</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>8-18-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverside</u>		24d. LOCATION (City, town, or county) (State) <u>FT. SMITH, ARK.</u>			
DATE REC'D BY LOCAL REG. <u>8-18-55</u>		REGISTRAR'S SIGNATURE <u>neva munnell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BROWN-HUDSON K.C., MO.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 45

P. O. Address Kansas City

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.