

FILED NOV 10 1955 STANDARD CERTIFICATE OF DEATH

State File No. **35446**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **546** Registrar's No. **2504**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Overland</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Overland #23X</b>	
c. LENGTH OF STAY (in this place) <b>20 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>2659-Chaucer Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2659-Chaucer Avenue</b>		d. STREET ADDRESS <b>2659-Chaucer Avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred</b>	b. (Middle) <b>M</b>	c. (Last) <b>Cox</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 26, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 22, 1881</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Telegrapher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>H.R. Telegrapher</b>	11. BIRTHPLACE (State or foreign country) <b>Monterey Iowa</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James A. Cox</b>	13b. MOTHER'S MAIDEN NAME <b>Carrie Hale</b>	14. NAME OF HUSBAND OR WIFE <b>Bessie B. Cox</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bessie B. Cox</b>	ADDRESS <b>2659-Chaucer Avenue</b>
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	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. <b>Arteriosclerotic Heart Disease 10 yrs</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **10-6**, 19**53**, to **10-26**, 19**55**, that I last saw the deceased alive on **10-25**, 19**55**, and that death occurred at **11 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M.D. Johnson M.D.</b>	23b. ADDRESS <b>Jerguson Mo</b>	23c. DATE SIGNED <b>10-28-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-29-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Normandy, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10-28-55</b>	REGISTRAR'S SIGNATURE <b>Herbert B. Doube MO</b>	FEDERAL DIRECTOR'S SIGNATURE <b>Herbert B. Doube MO</b>	ADDRESS <b>2504-Woodson Rd-Overland-14-Mo.</b>
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WRITE PLAINLY—USING 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 .....  
Student Embalmer

Signed

*David C. Gibson*

Licensed Embalmer No. *3457*

P. O. Address *Overland 14*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.