

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37379**

FILED NOV 30 1955

BIRTH NO. _____ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **5645** Registrar's No. **100**

1. PLACE OF DEATH
a. COUNTY **Lawrence**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Lawrence**

b. CITY OR TOWN **Aurora** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **Aurora R-1** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **7 MILES NORTH EAST AURORA TWP.** STREET ADDRESS (If rural, give location) **7 MILES NORTH EAST**

3. NAME OF DECEASED (Type or Print) a. (First) **W.** b. (Middle) **CYRUS** c. (Last) **COX** 4. DATE OF DEATH (Month) (Day) (Year) **Nov. 19-1955**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **DEC-16-1879** 9. AGE (In years last birthday) **75** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **FARMER** 10b. KIND OF BUSINESS OR INDUSTRY **FARMING** 11. BIRTHPLACE (City and State or Foreign Country) **LAWRENCE** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **C. M. COX** 13b. MOTHER'S MAIDEN NAME **MATTIE TAYLOR** 14. NAME OF HUSBAND OR WIFE **BESSIE COX**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Bessie Cox** ADDRESS **Aurora, MO**

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **In aneurism** MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH **2 months**

ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Pseudobulbar Palsy** **3 years**
DUE TO (c) **Paralytic agitans** **4 1/2 years**

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **350X**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **After Death**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Health Officer** (Degree or title) _____ 23b. ADDRESS **Mt. Vernon Mo.** 23c. DATE SIGNED **11/19/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **11/20/55** 24c. NAME OF CEMETERY OR CREMATORY **Maple park** 24d. LOCATION (City, town, or county) (State) **Aurora Mo.**

DATE REC'D BY LOCAL REG. **11/23/55** REGISTRAR'S SIGNATURE **Oral Mc Natt 157-0** 25. FUNERAL DIRECTOR'S SIGNATURE **Oral Mc Natt** ADDRESS _____

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 Myself....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Osun L. W. [Signature]

Licensed Embalmer No. 384

P. O. Address Quora

(Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.