

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27873**

FILED AUG 27 1956

BIRTH NO. _____ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **4414** Registrar's No. **64**

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Platte City		c. LENGTH OF STAY (in this place) 20 yr.	c. CITY OR TOWN Platte City
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home		e. STREET ADDRESS (If rural, give location) 0830	

3. NAME OF DECEASED (Type or Print)	a. (First) Emma	b. (Middle) W.	c. (Last) Cox	4. DATE OF DEATH (Month) (Day) (Year) August 8, 1956
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 24, 1868	9. AGE (in years last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State or Foreign Country) Weston, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Whitton	13b. MOTHER'S MAIDEN NAME Christine Mock	14. NAME OF HUSBAND OR WIFE David K. Cox
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Kinzea Cox ADDRESS Platte City, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia & cardiac decompensation		1 week
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic heart disease DUE TO (c) generalized arterio-sclerosis		1 mo 10 years 20 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	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 **1948**, 19 **Aug 8, 1956**, to **Aug 8, 1956**, that I last saw the deceased alive on **Aug 8, 1956**, and that death occurred at **9:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Graham Barker MD	23b. ADDRESS Platte City, Mo	23c. DATE SIGNED 8/8/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-11-56	24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cem.	24d. LOCATION (City, town, or county) (State) Weston, Missouri
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DATE REC'D BY LOCAL REG. Aug 11-56	REGISTRAR'S SIGNATURE Rphia Roelins	25. FUNERAL DIRECTOR'S SIGNATURE Vaughn Funeral Home ADDRESS Weston, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2570



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 *W. R. Vaughn*

Licensed Embalmer No. 4023

P. O. Address *Weston, Mo.*

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.