

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28245

FILED SEP 6 1956

State File No. _____

7229

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MO b. COUNTY JEFF							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST Louis		c. LENGTH OF STAY (In this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FESTUS		0500					
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSP				d. STREET ADDRESS (If rural, give location) 711 N. MAIN							
3. NAME OF DECEASED a. (First) (Type or Print) HAZEL		b. (Middle) L.		c. (Last) COX		4. DATE OF DEATH (Month) (Day) (Year) Aug 5 1956					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8-7-1905					
9. AGE (In years last birthday) 50		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER		10b. KIND OF BUSINESS OR INDUSTRY SCHOOL		11. BIRTHPLACE (State or foreign country) WELLSVILLE, MO.					
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Fred Whiteside		13b. MOTHER'S MAIDEN NAME ETTA BUTLER		14. NAME OF HUSBAND OR WIFE LEONARD COX					
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. 500-24-541		17. INFORMANT'S SIGNATURE OR NAME DEAN COX		ADDRESS DE SOTO, 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Failure, Hepatic Failure due to extensively burned, ruptured following explosion ANTECEDENT CAUSES at Festus Missouri due to July 30th 1956 when Morbidity conditions, if any, contributing to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS explosive fumes were ignited Conditions contributing to the death (b) not related to the disease or condition causing death pilot flight on gas stove				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		050 E 916'0		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, or street, office, etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) Festus MO (COUNTY) 16 (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 30 5 ? m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
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 8:15 P. m., from the causes and on the date stated above.											
23a. SIGNATURE James M. Kelly				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8-6-56					
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 8-8-1956		24c. NAME OF CEMETERY OR CREMATORY EAST LAWN Mem. PARK		24d. LOCATION (City, town, or county) (State) MEXICO, MO.					
DATE REC'D BY LOCAL REG. AUG 6 1956		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE MO MAHN		ADDRESS Funeral Home De Soto, MO					

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

SEP 5 1958

SEP 28 1958

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 *Gerald J. Mahan*
Licensed Embalmer No. *4975*

P. O. Address *De Soto, 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 this body is not embalmed, fact should be so stated above.