

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9156**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JEFF.</u>	
b. CITY OR TOWN <u>RURAL MERAMEE</u>	c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN <u>RURAL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EUREKA MO RRAI</u>		e. STREET ADDRESS (If rural, give location) <u>EUREKA MO RRAI 0500</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOE</u> b. (Middle) _____ c. (Last) <u>COX</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 14 1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>OCT 10 1884</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEALSKIN WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FOUR FUR CO</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LONDON ENGLAND</u>	
12. CITIZEN OF WHAT COUNTRY? <u>ENGLAND</u>					

13a. FATHER'S NAME <u>JOHN COX</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELLEN TAYLOR</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-34-7013</u>		17. INFORMANT'S SIGNATURE OR NAME <u>KATE DAUBERT</u> ADDRESS <u>EUREKA MO RRAI</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>NONE</u>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>			
		ANTECEDENT CAUSES			
		Morbid 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.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>MERAMEE JEFF. MO.</u>	
21d. TIME OF INJURY <u>3 14 57 5:30AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from July 25th, 19, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 1957, and that death occurred at 5:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>James E. Fisher M.D.</u>		(Degree or title) <u>2</u>		23b. ADDRESS <u>Crown Mums' Bldg. Jefferson Mo</u>		23c. DATE SIGNED <u>3/14/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/18/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CEDAR HILL BAPTIST CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR CEDAR HILL MO</u>	

DATE REC'D BY LOCAL REG. <u>3/24/57</u>		REGISTRAR'S SIGNATURE <u>Robert E. Doss</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Doss Funeral Home</u> ADDRESS <u>Howell Springs Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

544-0

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

APR 1 1957

APR 11 1957

APR 6 1957

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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 *Harvey Kahle*.....

Licensed Embalmer No. *4596*.....

P. O. Address *St Louis 9,*.....

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.