

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 20 1957

17004

State File No. 1972

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1972	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY WYANDOTT			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL				e. STREET ADDRESS (If rural, give location) 3092 North 12th St. 81509			
3. NAME OF DECEASED (Type or Print) a. (First) ARCHIE b. (Middle) VAN c. (Last) COX			4. DATE OF DEATH (Month) (Day) (Year) April 25, 1957				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 1, 1912		9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) switchman		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) St. Clair Co, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Vernie S. Cox		13b. MOTHER'S MAIDEN NAME Eva Leonard		14. NAME OF HUSBAND OR WIFE Bessie P. Cox			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 610-07-7806		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bessie Cox 3092 N. 12th K.C.K			
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) fractured skull with brain damage. DU TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DU TO (c) Half Result of coronary occlusion. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Occlusion					INTERVAL BETWEEN ONSET AND DEATH 4201
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (Specify) home, farm, factory, street, etc. Home		21c. (CITY, TOWN, OR TOWNSHIP) COUNTY (STATE) Kansas City Jackson mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-24-57 10:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? uncertain. Found in Garage			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Hugh H. Owens MD Coroner			23b. ADDRESS Rialto Bldg. K.C.Mo.			23c. DATE SIGNED 4/26/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/25/57	24c. NAME OF CEMETERY OR CREMATORY Chapel Hills Memorial		24d. LOCATION (City, town, or county) (State) K.C.K		
DATE REC'D BY LOCAL REG. 4-26-57		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JOS. A. BUTLER'S SONS K.C.K			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Hugh H. Owens

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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. Russell W. Dennis

Licensed Embalmer No. 3462

P. O. Address K. C. 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.