

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39203  
STATE FILE NUMBER

FILED NOV 26 1957

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 46

|   |                                  |   |  |  |   |
|---|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Boone</u>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Centralia</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Centralia</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>422 S. Collier</u>   |                                  | Length of stay in lb<br><u>years</u>  | d. STREET ADDRESS (If outside, give location) <u>422 S. Collier</u>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>William</u> Middle <u>Monroe</u> Last <u>Cox</u>  |                                  |   | 4. DATE OF DEATH<br>Month <u>Nov.</u> Day <u>15</u> Year <u>1957</u>   |  |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Jan. 13 - 1877</u>  | 9. AGE (In years last birthday)<br><u>80</u><br>IF UNDER 1 YEAR IF UNDER 24 HRS.<br>Months <u>10</u> Days <u>12</u> Hours <u></u> Min. <u></u> |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Real estate</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Real estate</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Boone Co. Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u>                                       |
| 13. FATHER'S NAME<br><u>Barton Cox</u>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><u>Paralle Shelton</u>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> <u>None</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>487-40-7629</u>   | 17. INFORMANT<br><u>Mrs. Mary Cox, Centralia, Mo.</u><br>Address   |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary occlusion with myocardial infarction</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>coronary arteriosclerosis</u><br>DUE TO (c) <u>generalized arteriosclerosis</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) |                                  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>months</u>                                     |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  |  |  |   |
| 20c. TIME OF INJURY<br>Hour <u></u> Month <u></u> Day <u></u> Year <u></u><br>a. m. <u></u> p. m. <u></u>   |                                  |   |  |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |   |
| 21. I attended the deceased from <u>9/15/54</u> to <u>11/15/57</u> and last saw <u>her</u> <u>him</u> alive on <u>11/15/57</u><br>Death occurred at <u>10:45 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |   |  |  |   |
| 22a. SIGNATURE (Doctor or title)<br><u>John W. Ward M.D.</u>  |                                  |   | 22b. ADDRESS<br><u>Centralia, Mo.</u>  |  | 22c. DATE SIGNED<br><u>11/17/57</u>   |
| 23a. BURIAL, CREMATION, REMOVAL, SPECIFICS<br><u>Burial</u>   |                                  | 23b. DATE<br><u>11-17-1957</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Centralia Cemetery</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>Centralia, Missouri</u>           |
| 24. FUNERAL DIRECTOR<br><u>Paul J. Ballou, Centralia, Mo.</u>   |                                  | 25. DATE RECD. OF LOCAL REG.<br><u>Nov. 19, 1957</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>Maud M. Bride</u>  |   |

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

MS. A. E. 191054

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 *Paul J. Baller*

Licensed Embalmer No. 420

P. O. Address *Centuria,*

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.