

Health,
Welfare
Public
Service

FILED MAY 9 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014133
STATE FILE NUMBER
2033

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2033

300
-57

1. PLACE OF DEATH a. COUNTY <i>Jackson Co.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>JACKSON</i>	
b. CITY (If inside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City, Mo.</i>		c. CITY OR TOWN <i>Kansas City, Mo.</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Luke's Hospital - 64 YEARS</i>		d. STREET ADDRESS <i>503 West 46th St.</i>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>Mrs. Effie E. GORN COX</i>			4. DATE OF DEATH Month Day Year <i>4 - 18 - 1958</i>		
5. SEX <i>FEMALE</i>	8. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> & DIVORCED <input type="checkbox"/>	6. DATE OF BIRTH <i>6-23-76</i>		9. AGE (In years last birt[?] day) <i>81</i>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>AT HOME</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>- - -</i>		11. BIRTHPLACE (City and state or country) <i>RAY COUNTY, MISSOURI</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>JOHN DAVID KING</i>			13b. MOTHER'S MAIDEN NAME <i>VIRGINIA THOMAS</i>			14. NAME OF HUSBAND OR WIFE <i>JACK COX</i>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>486-05-6535D</i>		17. INFORMANT Address <i>MRS. ELON A. THOMAS 9501 BELINDER ROAD LEAWOOD, KANSAS</i>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerotic heart disease with acute myocardial infarct</i>		INTERVAL BETWEEN ONSET AND DEATH <i>48 hrs</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause (b) } DUE TO (b) <i>4250</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) <i>Rheumatic heart disease with Calcific aortic stenosis</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

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 Hour Month, Day, Year a.m. p.m.					

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 <i>10:29 PM</i> on <i>April 18, 1958</i> to <i>April 18, 1958</i> and last saw her alive on <i>April 18, 1958</i> on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <i>M. G. Berry</i>		22b. ADDRESS <i>815 Nichols Road K. Mo.</i>		22c. DATE SIGNED <i>Apr 18 58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>APR-21-1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>MT-MORIAN CEMETERY</i>		23d. LOCATION (City, town, or county) (State) <i>KANSAS CITY MISSOURI</i>	

24. FUNERAL DIRECTOR <i>D.W. NEWCOMER'S SONS</i>		ADDRESS <i>1331 BRUSH COBBLER KANSAS CITY MO.</i>		25. DATE RECD. BY LOCAL REG. <i>4-21-58</i>		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
M. G. Berry

All diseases in Part I must be causally related.



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 Chester K Brown

Licensed Embalmer No. 493

P. O. Address Ke 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.