

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017225  
STATE FILE NUMBER

FILED MAY 21 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 103

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1-57  
043  
0

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Mexico</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Hospital</b>		Length of stay in 1b <b>5 Mons.</b>	d. STREET ADDRESS (If outside, give location) <b>1003 Latney</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>Herbert</b> Last <b>Cox</b>			4. DATE OF DEATH Month <b>May</b> Day <b>12</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 21, 1906</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Power &amp; Light</b>	11. BIRTHPLACE (City and state or country) <b>Davis County, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>William H. Cox</b>		13b. MOTHER'S MAIDEN NAME <b>Irene McCormick</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Esther Cox</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>490-09-4976</b>	17. INFORMANT <b>Mrs. Esther Cox</b> Address <b>1003 Latney Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>In asmitic</b>				INTERVAL BETWEEN ONSET AND DEATH <b>9 minutes</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>generalized metastasis</b>				<b>3 weeks</b>	
DUE TO (c) <b>undifferentiated carcinoma</b>				<b>9 months</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1992</b>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <b>9:20</b> a.m. <b>p.m.</b> Month, Day, Year					
20d. INJURY OCCURRED WHILE AT <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 <b>June 1954</b> to <b>May 12-58</b> and last saw him alive on <b>May 12-58</b> Death occurred at <b>9:20 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Harold D. Lane M.D.</b>			22b. ADDRESS <b>Mexico Mo</b>		22c. DATE SIGNED <b>May 13 1958</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-15-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kirkville, Missouri</b>
24. FUNERAL DIRECTOR <b>Dee Riley Funeral Home</b> ADDRESS <b>Kirkville, Missouri</b>			25. DATE RECD. BY LOCAL REG. <b>May 13-1958</b>	26. REGISTRAR'S SIGNATURE <b>Blanche Steely</b>	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

JUL 14 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 .....  
Signature of Student Embalmer

Signed *Ruby Laylow* .....

Licensed Embalmer No. *3237* .....  
P. O. Address *Mexico 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.