

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
58-024716
State File No.

FILED AUG 11 1958

BIRTH NO.

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 478

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff		c. CITY OR TOWN Bloomfield 1030	
c. LENGTH OF STAY (in this place) 4 wks.		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 Poplar Bluff Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) LILLIE		b. (Middle) MYRTLE	
		c. (Last) COX	
4. DATE OF DEATH (Month) Jan. (Year) 1958		5. SEX F.	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 17, 1899		9. AGE (in years last birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---	
11. BIRTHPLACE (City and State or Foreign Country) Poplar Bluff, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Tom Boyles		13b. MOTHER'S MAIDEN NAME Eitha Jane Warthan	
14. NAME OF HUSBAND OR WIFE W. A. Cox		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME W. A. Cox, Bloomfield, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unstable hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 6-21 1958, to 7-25 1958, that I last saw the deceased alive on 7-25 1958, and that death occurred at 11:30a m., from the causes and on the date stated above.	
23a. SIGNATURE Wm Hunchard (Degree or title)		23b. ADDRESS Poplar Bluff, Mo	
23c. DATE SIGNED 7-31-58		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE July 27-58		24c. NAME OF CEMETERY OR CREMATORY Bloomfield cemetery	
24d. LOCATION (City, town, or county) (State) Bloomfield, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE CHILES UND. CO., BLOOMFIELD, MO.	
DATE REC'D BY LOCAL REG. 8/1/58		REGISTRAR'S SIGNATURE R. R. Metcalf	

(Licensed Embalmer's Statement on Reverse Side)

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

