

FILED AUG 1 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028029

STATE FILE NUMBER

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 21

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>WAYNE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>WAYNE</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PIEDMONT</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>PIEDMONT</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>✓</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOHN THOMAS COX</b>			4. DATE OF DEATH Month Day Year <b>July 25-1958</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>July 7, 1881</b>	9. AGE (In years, months, days, hours, min.) <b>77</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED SWITCHMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAIL ROAD</b>	11. BIRTHPLACE (City and state or country) <b>MINERAL POINT OHIO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>LAURA COX</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>✓</b>		16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT Address <b>LAURA COX, PIEDMONT, MO</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>Pulmonary Edema</b> DUE TO (b) <b>Bacterial Endocarditis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>241X</b>					INTERVAL BETWEEN ONSET AND DEATH <b>32 hrs</b> <b>40 yrs</b>
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 <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>7-23-58</b> to <b>7-25-58</b> and last saw him alive on <b>7-28-58</b> Death occurred at <b>10:30</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>L. E. Ferry M.D.</b>			22b. ADDRESS <b>Piedmont MO</b>		22c. DATE SIGNED <b>7-26-58</b>
23a. BURIAL, CREMATION, or other disposal (Specify) <b>BURIAL</b>		23b. DATE <b>7-26-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MASONIC CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>PIEDMONT MO</b>
24. FUNERAL DIRECTOR ADDRESS <b>GISH FUNERAL HOME</b>			25. DATE RECD. BY LOCAL REG. <b>July 28, 1958</b>		26. REGISTRAR'S SIGNATURE <b>Hazel Ward</b>

PIEDMONT, MO.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 6 1958

FILE NO.   
 MAYNE CO. HEALTH CENTER

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 me, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426  
P. O. Address Piedmont

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.