

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028525

STATE FILE NUMBER

FILED SEP 8 1958 Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 40

300
1-57

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salisbury		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Salisbury 0 21 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 302 E. 4th St.		Length of stay in lb 44 yrs	d. STREET ADDRESS (If outside, give location) 302 E. 4th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) William James Cox			4. DATE OF DEATH Month Aug. Day 30, Year 1958		
First	Middle		Last		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 23, 1872	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired clerk	10b. KIND OF BUSINESS OR INDUSTRY Highw Insp. Bureau Middletown, Mo	11. BIRTHPLACE (City and state or country) Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Cox	13b. MOTHER'S MAIDEN NAME Maria Saunders	14. NAME OF HUSBAND OR WIFE Elizabeth Rankin Cox
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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. 708-12-6019	17. INFORMANT Address Mr. Arthur Cox, Huntsville, Mo.
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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) Cerebral Apoplexy		INTERVAL BETWEEN ONSET AND DEATH 4 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) Arterio Sclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X		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.) 334X
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20c. TIME OF INJURY Hour _____ 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 _____
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21. I attended the deceased from July 1-18 to Aug 30-58 and last saw him alive on Aug 30-58 Death occurred at 2 farm on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE W. H. Hartman MD (Degree or title)	22b. ADDRESS Salisbury Mo	22c. DATE SIGNED 8/30/58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/1/58	23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens	23d. LOCATION (City, town, or county) (State) Moberly, Missouri
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24. FUNERAL DIRECTOR Chas B Winkelmeier ADDRESS Salisbury Mo	25. DATE RECD. BY LOCAL REG. 9/2/58	26. REGISTRAR'S SIGNATURE W. H. Hartman
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Chas B Winkelmeier*

Licensed Embalmer No. *3842*

P. O. Address *Jalesburg, 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.