Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033470

STATE FILE NUMBER

FILED SEP 25 1958 Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 82

1. PLACE OF DEATH
a. COUNTY MACON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MACON — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SAMARITAN HOSP — Length of stay in lb 36 HRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY SHELBY
c. CITY OR TOWN ANABEL — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) ANABEL MO — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ASA Middle V. Last COX

4. DATE OF DEATH Month AUG Day 30 Year 1958

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH JAN 31, 1888
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY SALESMAN
11. BIRTHPLACE (City and state or country) MACON COUNTY MO
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME SIDNEY COX
13b. MOTHER'S MAIDEN NAME ROSIE LUCK
14. NAME OF HUSBAND OR WIFE HELEN ANN COX

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 387-07-0904
17. INFORMANT ALLEN COX Address ANABEL MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) uremia — INTERVAL BETWEEN ONSET AND DEATH 3 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) renal insufficiency — 1 year
DUE TO (c) arteriosclerosis 331X — 8 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) cerebral accident 1952
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 5-27-1954, to 8-30-1958 and last saw her/him alive on 8-30-58
Death occurred at 11:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dean R Hull MD
22b. ADDRESS Clarence, MO
22c. DATE SIGNED 9-11-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE SEPT 1, 1958
23c. NAME OF CEMETERY OR CREMATORY BETHLEHAM CEMETERY
23d. LOCATION (City, town, or county) MACON COUNTY (State) MO

24. FUNERAL DIRECTOR Chas V. Greening ADDRESS Clarence Mo
25. DATE RECD. BY LOCAL REG. 9/15/58
26. REGISTRAR'S SIGNATURE Ruth McNeely

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

SEP 3 1933

Date Filed 9-24-38

24

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 Charles V. Kearns

Licensed Embalmer No. 4625

P. O. Address Clarence

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.