

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043651
STATE FILE NUMBER

FILED JAN 6 1958 Registration District No. 098 Primary Registration District No. Registrar's No. 126

1. PLACE OF DEATH a. COUNTY <i>Daviess</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Daviess</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Jamesport</i>		c. CITY OR TOWN <i>Jamesport</i> ⁰⁵¹⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) <i>EUGENE</i> First <i>OKLEY</i> Middle <i>COX</i> Last		4. DATE OF DEATH <i>Dec 10 1958</i> Month Day Year	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>cau.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov 27, 1889</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer.</i>		100. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>69</i> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <i>Daviess County Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Benjamin Cox</i>		14. MOTHER'S MAIDEN NAME <i>Rosanna Scott</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>497-40-7039</i>	17. INFORMANT <i>Lowell Cox</i> Address <i>JAMESPORT, MO.</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute myocardial infarction -</i> <i>Mitral Valve regurgitation -</i> Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. DUE TO (b) <i>Generalized Arteriosclerosis.</i> DUE TO (c) <i>4210</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 1/2 hr.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Urinary Calculus with Hemorrhage of Bladder.</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
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 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
21. I attended the deceased from <i>1954</i> to <i>Dec 10 - 58</i> and last saw ^{her} him alive on <i>Dec 10 - 58</i> . Death occurred at <i>11:45 P. m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. B. Baileys, Jr.</i>		22b. ADDRESS <i>Jamesport, Mo</i>	22c. DATE SIGNED <i>12-15-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>13 Dec 58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Masonic Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Jamesport Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>H.A. Roberson Jamesport Mo</i>		25. DATE RECD. BY LOCAL REG. <i>12-29-58</i>	26. REGISTRAR'S SIGNATURE <i>Vernon Engbert</i>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56

8'0

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 Harvey Allen Roberson, Student Embalmer No. 56
working under my personal supervision.

Student Harvey A. Roberson, Signed D. L. Roberson
Signature of Student Embalmer

Licensed Embalmer No. 37

P. O. Address: Janeys

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.