

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047064

STATE FILE NUMBER

FILED JAN 23 1959

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY **Butler**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Poplar Bluff** Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Poplar Bluff Hosp.** Length of stay in lb **5 days**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Stoddard**

c. CITY OR TOWN **Dexter** 1130 Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **Route 1** Reside on Farm Yes No

3. NAME OF DECEASED
First **Benjamin** Middle **NMI** Last **Cox**

4. DATE OF DEATH **Dec. 31, 1958**
Month **Dec.** Day **31** Year **1958**

5. SEX **male** u
6. COLOR OR RACE **white**
7. MARRIED NEVER MARRIED WIDOWED 2 DIVORCED

8. DATE OF BIRTH **Jan. 13, 1885**
9. AGE (In years last birthday) **73** 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) **Farmer**

10b. KIND OF BUSINESS OR INDUSTRY **Farming**

11. BIRTHPLACE (City and state or country) **Galatan Co., Ill.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Henry Cox**

13b. MOTHER'S MAIDEN NAME **Milbra Dillard**

14. NAME OF HUSBAND OR WIFE **deceased**

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. **XXXXXXXXXX**

17. INFORMANT **Norma Sitz Dexter, Mo. R. 1**
Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Coronary Occlusion**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **Coronary Arteriosclerosis**
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH
4 days
12-27-58
12-31-58

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **4201**

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 Month, Day, Year a.m. p.m.

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 **12-27-58** to **12-31-58** and last saw ^{her} alive on **12-31-58**
Death occurred at **12:05 PM** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature]**

22b. ADDRESS **321 Oak Poplar Bldg. 11/2/58**

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial**

23b. DATE **1-4-59**

23c. NAME OF CEMETERY OR CREMATORY **Rock Hill Cemetery**

23d. LOCATION (City, town, or county) (State) **Puxico, Mo. Rural**

24. FUNERAL DIRECTOR **Watkins & Sons** ADDRESS **Dexter, Mo.**

25. DATE RECD. BY LOCAL REG. **1/17/59**

26. REGISTRAR'S SIGNATURE **[Signature]**

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Marsh Watkins*

Licensed Embalmer No. *4717*
P. O. Address *Dexter 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.