

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001257

STATE FICHE NUMBER
361

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		d. STREET ADDRESS (If outside, give location) 408 WEST 96 TH TERR.	

3. NAME OF DECEASED (Type or print) First Middle Last CARRIE ESTELLA COX			4. DATE OF DEATH Month Day Year JAN. 18, 1959		
5. SEX FEMALE	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 MARCH 13, 1887		9. AGE (In years) 71

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) EAGLEVILLE, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	---	--	--

13a. FATHER'S NAME FINLEY SKINNER	13b. MOTHER'S MAIDEN NAME MARTHA JANE DAVIS	14. NAME OF HUSBAND OR WIFE JAMES H. COX
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. NONE	17. INFORMANT JAMES H. COX Address 408 WEST 69 TH TERRACE KANSAS CITY, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Three Days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Occlusion</u>	<u>Unknown</u>
	DUE TO (c) <u>Myocardial Infarction</u>	<u>Two or three years; exact time unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Secondary Anemia, Multiple Minerals, Vitamin Deficiency</u>		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.) 4721
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 February 10, 1955 to January 18, 1959 and last saw ^{her} ~~him~~ alive on January 18, 1959
Death occurred at 3:50 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Harold A. Pallett, M.D.</u>	22b. ADDRESS <u>1132 Professional Bldg. Cm. 1/19/59.</u>	22c. DATE SIGNED
--	---	------------------

23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-21-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>POINT CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>COFFEYVILLE, KANSAS</u>
---	-----------------------------	---	---

24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS-KANSAS CITY, MO</u> ADDRESS <u>1331 BRUSH CREEK</u>	25. DATE RECD. BY LOCAL REG. <u>1-20-59</u>	26. REGISTRAR'S SIGNATURE <u>Ieva Marshall</u>
---	--	---

(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.

Harold A. Pallett

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 *L. D. Nelson*

Licensed Embalmer No. *4421*

P. O. Address *Kansas City*

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.