

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-035665

FILED VS. OCT 20 1959 098

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No. 87

ENDED

1. PLACE OF DEATH a. COUNTY <i>Lavies</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lavies</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Salem Twp.</i>		Length of stay in 1b	c. CITY OR TOWN <i>Pattonburg Mo.</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last <i>GRANT TROLLIS COX</i>			4. DATE OF DEATH Month . . . Day . . . Year <i>Oct. 10 1959</i>
5. SEX <i>m.</i>	6. COLOR OR RACE <i>w.</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>Aug 10, 1901</i>
9. AGE (last birthday) <i>58</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (City and state or country) <i>Harrison County Mo.</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>		13a. FATHER'S NAME <i>Sherman Cox</i>	
13b. MOTHER'S MAIDEN NAME <i>Lucy Smith</i>		14. NAME OF HUSBAND OR WIFE <i>Gvornie Cox</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>498-46-5065</i>	
17. INFORMANT Address <i>Gvornie Cox Pattonburg Mo</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: 1 IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <i>3 hrs.</i>	
DUE TO (b)		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
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>10-10-59</i> to <i>10-10-59</i> and last saw him alive on <i>10-10-59</i> Death occurred at <i>1:50 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Floyd E. Nelson</i> (Degree or title)		22b. ADDRESS <i>Pattonburg Mo.</i>	22c. DATE SIGNED <i>10-12-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Oct. 13, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Bethel</i>	23d. LOCATION (City, town, or county) (State) <i>Pattonburg Mo</i>
24. FUNERAL DIRECTOR <i>Will Robinson</i> ADDRESS <i>Pattonburg Mo</i>	DATE RECD. BY LOCAL REG. <i>10-17-59</i>	26. REGISTRAR'S SIGNATURE <i>Regina M. Cangelhart</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS OCT 21 1959

**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 *H.A. Peterson*

Licensed Embalmer No. 5025  
P. O. Address *Baltic*

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.