

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 9 8 5

FILED VS. DEC 21 1959 32

STATE FILE NUMBER

Registration District No. 3021 Primary Registration District No. 212 Registrar's No.

RECEIVED

1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Grundy					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Length of stay in lb 2 days		c. CITY OR TOWN Trenton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Cullers Hospital 207 E. 10th			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD 3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MIDDLE LAST CALEB ROSS COX				4. DATE OF DEATH Month Day Year Dec. 15, 1959					
5. SEX male	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 10/8/92	9. AGE (last birthday) 67/2/7	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR 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		11. BIRTHPLACE (City and state or country) Grundy County		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Frank Cox			13b. MOTHER'S MAIDEN NAME Mary Mahoney Cox			14. NAME OF HUSBAND OR WIFE Ruby 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. 497-40-7408		17. INFORMANT Mrs Ross Cox, Trenton, Mo. RT 3				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) <i>Cancer of colon</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 3 yrs		
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 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.)							
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year									
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>Jan 1959</i> to <i>Dec 15 59</i> and last saw ^{her} him alive on <i>12/15/59</i> Death occurred at <i>9:45 a.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>E. J. ...</i> (Degree or title)				22b. ADDRESS <i>Trenton Mo</i>			22c. DATE SIGNED <i>12/16/59</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>Dec. 17, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Maple Grove Cem.</i>		23d. LOCATION (City, town, or county) <i>Trenton, Missouri</i>		(State)		
24. FUNERAL DIRECTOR ADDRESS <i>Gipson Funeral Home, Trenton, Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>12-16-59</i>		26. REGISTRAR'S SIGNATURE <i>Irene Jaw</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Hal Thompson

Licensed Embalmer No. 340

P. O. Address Trenton, 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.