RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 18 1960

60-026468
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 754

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b: 50 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 844 S. National Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JAMES Middle CLABOURNE Last COX
4. DATE OF DEATH: Month July Day 9, Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/26/1877
9. AGE (last birthday): 83
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): Retired Forman
10b. KIND OF BUSINESS OR INDUSTRY: Frisco Railway
11. BIRTHPLACE (City and state or country): Dickson, Tennessee
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Samuel C. Cox
13b. MOTHER'S MAIDEN NAME: Mary Raines
14. NAME OF HUSBAND OR WIFE: Carrie Cox
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: John C. Cox, 844 S. National Avenue, Springfield, Missouri.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) C
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinoma of the Prostate - Left.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 a.m. p.m. Month, Day, Year
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 Jan 1960, to July 9, 1960 and last saw him alive on 7-8-60
Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.
22b. ADDRESS Springfield Mo
22c. DATE SIGNED 7-11-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/11/1960
23c. NAME OF CEMETERY OR CREMATORY: Maple Park Cemetery
23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS: Ralph Thieme, 1200 Boonville Avenue, Springfield, Missouri
25. DATE RECD. BY LOCAL REG.: 7-13-60
26. REGISTRAR'S SIGNATURE: Effie S. Meeter

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUL 18 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harold Futr

Licensed Embalmer No. 50 7

P. O. Address Spfd.,

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