

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010218

AMENDED Registration District No. 298 Primary Registration District No. 6023 Registrar's No. 33 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 21 1961

1. PLACE OF DEATH
 a. COUNTY Ray
 b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN Knoxville Twn. Length of stay in lb 13yrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Ray
 c. CITY OR TOWN Polo, Missouri RFD Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First CLARA Middle LETTY Last COX 4. DATE OF DEATH Month March Day 7 Year 1961

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4-23-1883 9. AGE (last birthday) 78yrs 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Dawn, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Syrus Rea 13b. MOTHER'S MAIDEN NAME Emma Graham 14. NAME OF HUSBAND OR WIFE Lewis 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 Address Lewis Cox, Polo, Mo RFD

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Carcinoma of the cervix
 (b) with generalized metastases
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 2 years
 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. 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. 1950 to March 7, 1961 and last saw her him alive on March 7, 1961
 Death occurred at 9:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. E. Goldberg M.D. MD 22b. ADDRESS Braymer, Mo 22c. DATE SIGNED 3/7/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-9-61 23c. NAME OF CEMETERY OR CREMATORY Braymer Evergreen Cem. 23d. LOCATION (City, town, or county) (State) Braymer, Missouri

24. FUNERAL DIRECTOR ADDRESS Mead-Pitts Funeral Service, Braymer, Mo 25. DATE RECD. BY LOCAL REG. 3-13-1961 26. REGISTRAR'S SIGNATURE Maluel Jackson

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: Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer,

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.