

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013267

STATE FILE NUMBER

Registration District No. 120

Primary Registration District No. _____

Registrar's No. 32

AMENDED

FILED APR 25 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Howard Twp		c. CITY OR TOWN Denver, Mo	
Length of stay in 1b 3 Days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Mi East of Siloam, Mo		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First GEORGE Middle WASHINGTON Last COX			4. DATE OF DEATH Month April Day 16 Year 1961			
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 8, 1890	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Denver, Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Simeon Cox	13b. MOTHER'S MAIDEN NAME Cecilia Hill	14. NAME OF HUSBAND OR WIFE
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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 John Cox	Address Albany, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) ACUTE CIRCULATORY FAILURE		15 MIN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ACUTE CORONARY OCCLUSION	15 MIN
	DUE TO (c) CORONARY ARTERIO SCLEROSIS	YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MYOCARDIAL DECOMPENSATION TOYES - DEXTRO THORACIC HEART	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
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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.)
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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
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21. I attended the deceased from 1952 to APRIL 14, 1961 and last saw ^{him} alive on APRIL 14, 1961
Death occurred at 1:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Richard J. Smith</i> (Degree or title)	22b. ADDRESS GRANT CITY, Mo.	22c. DATE SIGNED 4-17-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 18, 1961	23c. NAME OF CEMETERY OR CREMATORY Miller Cemetery	23d. LOCATION (City, town, or county) Denver, Mo	(State)
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24. FUNERAL DIRECTOR <i>Kenneth Brown</i> ADDRESS Denver, Mo.	25. DATE RECD. BY LOCAL REG. 4-18-61	26. REGISTRAR'S SIGNATURE <i>Mrs. L. W. Bare</i>
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ITEM NO. SHOULD READ

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 John Andrews, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 4211

P. O. Address Grant 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.