

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-031751

FILED OCT. 4 1961

3002

218

STATE FILE NUMBER

AMENDED

Registration District No. 4 Primary Registration District No. Registrar's No.

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b 2dys	c. CITY OR TOWN Middletown
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) no street
3. NAME OF DECEASED (Type or print) First Ralph Middle G. Last Cox			4. DATE OF DEATH Month Sept. Day 21 Year 1961
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 Dec. 6, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY carpentry	9. AGE (last birthday) 66
11a. FATHER'S NAME George Cox		11b. MOTHER'S MAIDEN NAME Minnie Wilcox	9. AGE (last birthday) IF UNDER 1 YEAR Months 15 Days 15
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) no		14. SOCIAL SECURITY NO.	11. BIRTHPLACE (City and state or country) Audra in County Mo U S A
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetic Coma		12. CITIZEN OF WHAT COUNTRY U S A	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes Mellitus		14. NAME OF HUSBAND OR WIFE Lucille Cox	
DUE TO (c)		17. INFORMANT Marion Cox, Wellsville, Mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2 previous Cerebral Vascular Accidents		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 Sept. 19, 61 to Sept. 21 - 61 and last saw her/him alive on Sept. 20 - 61 Death occurred at 12:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H L Swan (Degree or title)		22b. ADDRESS Mexico Mo	22c. DATE SIGNED 9-23-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Sept 23, 1961	23c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery	23d. LOCATION (City, town, or county) Middletown Mo
24. FUNERAL DIRECTOR Prechett-Myers Funeral Home		25. DATE RECD. BY LOCAL REG. Sept 27-1961	26. REGISTRAR'S SIGNATURE Blanche Neely

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 _____

Howard Imjere

Licensed Embalmer No. 4494

P. O. Address Wellsville, 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.