

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044601

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6485 STATE FILE NUMBER

FILED JAN 15 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 2 months	c. CITY OR TOWN Bosworth
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 Middle Last Claude Cox			4. DATE OF DEATH Month Day Year 12 25 61		
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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 9-19-1884	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
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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) Carroll Co., Mo.	12. CITIZEN OF WHAT COUNTRY U. S.
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13a. FATHER'S NAME Edmond T. Cox	13b. MOTHER'S MAIDEN NAME Martha N. Christie	14. NAME OF HUSBAND OR WIFE Rose Ellen
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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 Betty J. Cox Address Bosworth, 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: IMMEDIATE CAUSE (a) <u>Rheumatic heart disease, heart failure -</u> DUE TO (b) <u>Cx pulmonary</u> DUE TO (c) <u>pulmonary emboli</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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.)
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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 1954 to 12-25-61 and last saw her alive on 12-25-61
Death occurred at 140 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Arthur Heiman</i> (Degree or title) M.D.	22b. ADDRESS 751 E 63rd Street, Kansas City, Mo.	22c. DATE SIGNED 12/26/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/27/61	23c. NAME OF CEMETERY OR CREMATORY FLORENCE HILLS INC. K.C. MO.	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR FLORENCE HILLS FUN. HOME ADDRESS	25. DATE RECD. BY LOCAL REG. 12-27-61	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED / ITEM NO. SHOULD READ

DOCUMENT / MEDICAL CERTIFICATION / BY AFFIDAVIT OF

Arthur Heiman

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 *E. M. J. [Signature]*

Licensed Embalmer No. 3453

P. O. Address H. E. [Signature]

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.