

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047488

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 55

VS 300
Rev. 4/59

1 0510

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holden		Length of stay in 1b 17 Years	c. CITY OR TOWN Holden
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Holden Retirement Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) E. 5th St.
3. NAME OF DECEASED (Type or print) Bettie Jane Cox		First Middle Last	4. DATE OF DEATH Month Day Year December 15, 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-9-1881
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.	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 Home	11. BIRTHPLACE (City and state or country) Cookville, Tenn.
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Millard Fillmore Hughes	
14. MOTHER'S MAIDEN NAME Frances Matilda Elrod		15. NAME OF HUSBAND OR WIFE Wm. Cox, deceased	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		17. SOCIAL SECURITY NO. ---	18. INFORMANT Mrs. Christine Anderson, Holden, Mo.
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute congestive heart failure DUE TO (b) mitral stenosis & pulmonary insufficiency DUE TO (c) _____ 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
20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	22. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
23. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	26. CITY, TOWN, OR LOCATION Holden	27. COUNTY Johnson	28. STATE Mo.
29. I attended the deceased from 10-31-62 to 12-15-62 and last saw <input checked="" type="checkbox"/> alive on 12-14-62			30. Death occurred at 9 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
31. SIGNATURE Edward T. Schuch, D.O.		32. ADDRESS Holden, Mo.	33. DATE SIGNED 12-17-62
34. BURIAL, CREMATION, REMOVAL (Specify) burial	35. DATE 12-16-1962	36. NAME OF CEMETERY OR CREMATORY Holden Cemetery	37. LOCATION (City, town, or county) (State) Holden, Missouri
38. FUNERAL DIRECTOR CAST FUNERAL HOME HOLDEN MO		39. ADDRESS Holden	40. DATE RECD. BY LOCAL REG. 12-21-62
41. REGISTERAR'S SIGNATURE Bernice Rose		42. (Licensed Embalmer's Statement on Reverse Side)	

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 *[Signature]*

Licensed Embalmer No. 4059

P. O. Address Holden, 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.