

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028995

STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3037 Registrar's No. 112

FILED JUL 29 1963

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrensburg</b>		c. CITY OR TOWN <b>Warrensburg</b>	
Length of stay in 1b <b>23 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mitchell Street crossing Warrensburg</b>		d. STREET ADDRESS (If outside, give location) <b>206 Ming Street</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <b>Thomas</b>	Middle <b>Russell</b>	Last <b>Cox</b>	Month <b>July</b>	Day <b>20</b>	Year <b>1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/25/94</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman - clothing</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Men's retail</b>	11. BIRTHPLACE (City and state or country) <b>Cooper County Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Cox</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Bryant</b>	14. NAME OF HUSBAND OR WIFE <b>Nadine Cox - deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>No</b>	16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	17. INFORMANT <b>Roy Cox, Warrensburg, Mo.</b>	Address
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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 <b>Instant</b>
IMMEDIATE CAUSE (a) <b>Crushing injuries to head &amp; chest</b>		
received when train struck car.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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 <b>8:20 p.m. 7-20-1963</b>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Mitchell St. &amp; Railroad crossing, Warrensburg</b>	20f. CITY, TOWN, OR LOCATION <b>Johnson Missouri</b>
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21. I attended the deceased from **View inquest only** and last saw her/him alive on \_\_\_\_\_  
Death occurred at **8:20 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Kelly Rawlins M.D. Coroner</b>	22b. ADDRESS <b>Holden Mo</b>	22c. DATE SIGNED <b>7/20/63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7/23/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Centertown Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Centertown, Missouri</b>
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24. FUNERAL DIRECTOR <b>Sweeney-Phillips, Warrensburg, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>July 20, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Savannah Ousterfield</b>
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(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUD

AMENDED

VS 300  
Rev. 4/59

1 0515

2 05152

3

4 0

5 2

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7 0

8 2

9 X

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11 051

12 91-3

13 1-0

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

**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. J. Earl  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.