

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029246

STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 53

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 31 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) Princeton		Length of stay in lb life	c. CITY OR TOWN Mercer
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtell Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Mercer
3. NAME OF DECEASED (Type or print) First James Middle Cox Last Jr		4. DATE OF DEATH Month July Day 25 Year 1963	
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 3-23-1905
9. AGE (last birthday) 58		IF UNDER 1 YEAR Months 58 Days 58 Hours 58 Min. 58	IF UNDER 24 HR Hours 58 Min. 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (City and state or country) Mercer Co., Mo
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Daniel Cox	
14. MOTHER'S MAIDEN NAME Daisy Moss		15. NAME OF HUSBAND OR WIFE Florence Cox	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		17. SOCIAL SECURITY NO. no	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Sarcoma		INTERVAL BETWEEN ONSET AND DEATH 8 wks.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 Princeton COUNTY Mercer STATE Mo	
21. I attended the deceased from 5-25-63 to 7-22-63 and last saw her alive on 7-22 Death occurred at 9:25 a.m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Paul D. Peeler, D.O.</i> (Degree or title)		22b. ADDRESS Princeton, Mo.	
22c. DATE SIGNED 7-25-63		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 7-27-63		23c. NAME OF CEMETERY OR CREMATORY Princeton	
23d. LOCATION (City, town, or county) Princeton, Mo		(State)	
24. FUNERAL DIRECTOR Noel Moss ADDRESS Princeton, Mo		25. DATE RECD. BY LOCAL REG. 7-25-63	
26. REGISTRAR'S SIGNATURE <i>Noel Moss</i>			

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 *Paul Marshall*

Licensed Embalmer No. 2634

P. O. Address *Princeton 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.

Printed on 7-25-63