MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

65-035279

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 221 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED FILED SEP 27 1965

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0425	0425	2
2			
3			
4	0		
5	1		
6			
7	0		
8	2		
9	90XF	90XF	
10			
11			
12	90-2		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
   a. COUNTY: Henry
   b. CITY OR TOWN: Clinton
   Length of stay in 1b: 10 yrs.
   c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): His Home 115 So. 4th
   Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Mo. b. COUNTY: Henry
   c. CITY OR TOWN: Clinton
   Inside Limits: Yes ☑ No ☐
   d. STREET ADDRESS (If outside, give location): 115 So. 4th
   Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Henry Middle Clay Last Cox

4. DATE OF DEATH: Month, Day, Year: Sept. 18, 1965

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8/13/1887

9. AGE (last birthday): 78
   IF UNDER 1 YEAR: Months 1 Days 5
   IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Clay Co.,Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James Lee Cox

13b. MOTHER'S MAIDEN NAME: Clara Billings

14. NAME OF HUSBAND OR WIFE: Hattie Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 509 32 8554

17. INFORMANT: Clinton,Mo. Mrs. C. O. Lineberry,408 E. Wilson

MEDICAL CERTIFICATION

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
IMMEDIATE CAUSE (a)	Coronary thrombosis	10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	L. lobar pneumonia	7 days
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture R. hip June 65

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 June 1965 to Sept 18 65 and last saw her/him alive on Sept 18 - 65
Death occurred at 11:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. Ronald DO

22b. ADDRESS: Clinton Mo

22c. DATE SIGNED: 9/20/65

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sept. 21,1965

23c. NAME OF CEMETERY OR CREMATORY: Englewood Cemetery

23d. LOCATION (City, town, or county) (State): Clinton, Missouri

24. FUNERAL DIRECTOR ADDRESS: Vansant Funeral Home,Clinton, Mo.

25. DATE RECD. BY LOCAL REG.: 9-21-65

26. REGISTRAR'S SIGNATURE: Mildred Bynum (MB)

(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_____ Signed N. A. Vansant

Signature of Student Embalmer

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.

Permit Obtained 9-21-65 (MB)