

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22689

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>4024</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Barry</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Cassville</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Barry</u>	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cassville</u>		d. STREET ADDRESS <u>0</u>		OR TOWN <u>Cassville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>Raymond</u>	b. (Middle) <u>Buel</u>	c. (Last) <u>Cox</u>	Month <u>July</u>	Day <u>7</u>	Year <u>1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 24, 1901</u>		9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 24 HRS. Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>County School Supt.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Education</u>		11. BIRTHPLACE (State or foreign country) <u>Barry County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Winford A. Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Columbia Wallen</u>		14. NAME OF HUSBAND OR WIFE <u>Bess Mulkey Cox</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-22-2976</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bess Cox, Cassville, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>1 hour.</u>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.					<u>4201</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 29, 1950</u> , to <u>July 7, 1950</u> , that I last saw the deceased alive on <u>July 7, 1950</u> , and that death occurred at <u>7 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. E. McRae, M.D.</u>				23b. ADDRESS <u>Cassville, Missouri</u>		23c. DATE SIGNED <u>7-10-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-9-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Horner Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barry County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 11-1950</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Koon</u>		ADDRESS <u>Cassville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

0050
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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JUL 17 1950

Dist. File 750-811

Date Filed 7-17-50

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 _____
Student Embalmer

Signed W. C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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 this body is not embalmed, fact should be so stated above.