

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37226

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1009 Registrar's No. 4794

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>29 YR</u>		d. STREET ADDRESS (If rural, give location) <u>4332 SPRUCE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4332 SPRUCE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>LONZO</u> c. (Last) <u>COX</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 8 51</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>1878</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CEMENT FINISHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LABOR</u>		11. BIRTHPLACE (State or foreign country) <u>WAKENDO, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>FRED COX</u>		13b. MOTHER'S MAIDEN NAME <u>MOLLIE MURPHY</u>		14. NAME OF HUSBAND OR WIFE <u>HATTIE M. COX</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>487-23-2646</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HATTIE M. COX</u> ADDRESS <u>4332 SPRUCE K.C. MO.</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15⁺</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Liver, Primary</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u>	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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>1034 Quaker Blvd</u>	23c. DATE SIGNED <u>11-9-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-12-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>11-10-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Funeral Hills Memorial Chapel</u> ADDRESS <u>KC Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

D Ross Bradford

Licensed Embalmer No. _____

4075

P. O. Address _____

K C 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.