

Haynie

FILED SEP 7 1971

CERTIFICATE OF DEATH

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 130

DO NOT WRITE ON THIS STUB

VS 300 Rev. 1/70

- 9. 0
10a. 72
10b.
11. 1
12. 1
13 4109
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 2-0

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED - NAME FIRST MIDDLE LAST: Orvil Cox
SEX: Male
DATE OF DEATH: August 31, 1971
RACE: white
AGE: 72
DATE OF BIRTH: Nov. 7, 1898
COUNTY OF DEATH: Bates
CITY, TOWN, OR LOCATION OF DEATH: Butler
HOSPITAL OR OTHER INSTITUTION: Bates County Memorial Hospital
STATE OF BIRTH: Kentucky
CITIZEN OF WHAT COUNTRY: USA
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: married
SURVIVING SPOUSE: Hazel McGuire
SOCIAL SECURITY NUMBER: 492 40 0838
USUAL OCCUPATION: farmer
KIND OF BUSINESS OR INDUSTRY: Retired
RESIDENCE - STATE: Mo. COUNTY: Bates CITY, TOWN, OR LOCATION: Butler
INSIDE CITY LIMITS: yes STREET AND NUMBER: 112 S. High
FATHER: George T. Cox MOTHER: Bethanire Peyton
INFORMANT: Hazel Cox MAILING ADDRESS: 112 S. High St. Butler, Mo. 64730

PART I. DEATH WAS CAUSED BY:
18. IMMEDIATE CAUSE: (a) Myocardial infarction
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST: (b) arteriosclerosis
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 hours

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
DATE OF INJURY (MONTH, DAY, YEAR):
HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
INJURY AT WORK (SPECIFY YES OR NO):
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):
IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS:
20h.  YES  NO  UNK.

CERTIFICATION - PHYSICIAN:
21a. I ATTENDED THE DECEASED FROM: 8 A.M. TO 8 P.M.
21b. DECEASED FROM: 8 31 71 TO 8 31 71
21c. HOUR OF DEATH: 8 31
21d. DID/DID NOT VIEW THE BODY AFTER DEATH: did
21e. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED: 8P.
21f. THE DECEASED WAS PRONOUNCED DEAD:
21g. MONTH DAY YEAR HOUR

CERTIFIER - NAME (TYPE OF PRINT): William W. Haynie, M.D.
SIGNATURE: [Signature]
DEGREE OR TITLE:
DATE SIGNED (MONTH, DAY, YEAR): 9-2-71
MAILING ADDRESS - CERTIFIER: State Bank Building, Butler, Missouri, 64730

BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
CEMETERY OR CREMATORY - NAME: Virginia
LOCATION: Virginia, Missouri
DATE: 9-3-1971
FUNERAL HOME - NAME AND ADDRESS: Underwood-Steinbeck P.O. Box 71 Butler, Mo. 64730

FUNERAL DIRECTOR - SIGNATURE: [Signature]
REGISTRAR - SIGNATURE: [Signature]
DATE RECEIVED BY LOCAL REGISTRAR: September 3, 1971

Type or print in PERMANENT BLACK INK. See handbook for instructions.

J.P. 22 1971

**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 Gary Lee Schowengerdt  
Licensed Embalmer No. 5428

P. O. Address Butler, Mo. 64730

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.