

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033857

STATE FILE NUMBER

FILED OCT 7 1958 Registration District No. 299 Primary Registration District No. 6022 Registrar's No. 100

S. 300
r. 1-57

1. PLACE OF DEATH a. COUNTY Ray			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Richmond		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray Co. Hospital		Length of stay in lb 1 day	d. STREET ADDRESS (If outside, give location) RFD # 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Bessie Middle Mabel Last Cox			4. DATE OF DEATH Month Sept. Day 27 Year 1958		
5. SEX Female	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 Dec. 30/1915	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Cowgill, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Lewis Wright		13b. MOTHER'S MAIDEN NAME Laura L. Webster		14. NAME OF HUSBAND OR WIFE Jack Lee Cox	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Jack Lee Cox Address Richmond, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Genl Metastasis DUE TO (c) CARCINOMA 1992					INTERVAL BETWEEN ONSET AND DEATH 1 yr
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 --- Month --- Day --- Year --- p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 ---	COUNTY ---	STATE ---	
21. I attended the deceased from 9-26-58 to 9-27-58 and last saw her alive on 9-27-58 Death occurred at 10:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. O. Jay (Degree or title)			22b. ADDRESS Richmond		22c. DATE SIGNED 9-28-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/29/58	23c. NAME OF CEMETERY OR CREMATORY Richmond Memory Garden		23d. LOCATION (City, town, or county) (State) Richmond, Missouri	
24. FUNERAL DIRECTOR Quest-Life Funeral Home		ADDRESS Richmond Missouri	25. DATE RECD. BY LOCAL REG. 9-30-1958	26. REGISTRAR'S SIGNATURE Malcolm Jackson	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

30 Feb 1987

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 *Marion D. Bailey*

Licensed Embalmer No. *4887*

P. O. Address *Richmond, Va*

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.