DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28171

Registration District No. 124 — Primary Registration District No. St Francis Hospital 3009 — Registrar's No. 283

1. PLACE OF DEATH:

(a) County Cape Girardeau Mo

(b) City or town " " (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 1 day

In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau

(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Sandra Lee Cox

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Chick

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 20 (Day) 1939 (Year)

8. AGE: Years | Months 15 | Days 5 | If less than one day hr. min.

9. Birthplace Niles Michigan (City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business —

FATHER
12. Name Fred H. Cox
13. Birthplace Carlyle Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Vilma Marcellina
15. Birthplace Niles Michigan (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred Cox

(b) Address Niles Michigan

17. (a) Silver Brook (Burial, cremation, or removal) (b) Date thereof 8-27 (Month) (Day) (Year)

(c) Place: burial or cremation Niles Michigan

18. (a) Signature of funeral director Lenbrugh Mortimer

(b) Address Cape Girardeau Mo

19. (a) 8-26-40 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 25 year 40 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from 8-24, 1940 to 8/25, 1940 that I last saw her alive on 8/25/40, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Enteric - Colitis	8 hr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Chas. L. Hedeen (M. D. or other)

Address Cape Girardeau Date signed 8/27/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importan

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 W. H. Estes, Registered Apprentice No. ..... working under my personal supervision.

Signed W H Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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, above space should be left blank.