DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 15 1941

Registration District No. 571

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11425

Primary Registration District No. 4335

Registrar's No. 12

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 important.

1. PLACE OF DEATH:
(a) County: Moniteau
(b) City or town: California (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 49 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Moniteau
(c) City or town: Lupus Mo (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: ROBERT PINKNEY COX
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Cora Cox
6. (c) Age of husband or wife if alive: 44 years
7. Birth date of deceased: 7 (Month) 13 (Day) 1892 (Year)
8. AGE: Years 48+ Months 7 Days 29 If less than one day hr. min.
9. Birthplace: monteau (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
FATHER 12. Name: Columbus Cox
FATHER 13. Birthplace: (City, town, or county) North Carolina (State or foreign country)
MOTHER 14. Maiden name: angeline Grey
MOTHER 15. Birthplace: (City, town, or county) North Carolina (State or foreign country)
16. (a) Informant's own signature: Cora Cox
(b) Address: Lupus mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3-13-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Pettigrew Cem.
18. (a) Signature of funeral director: C. A. Hombeck
(b) Address: Prairie Home mo
19. (a) 3-12-41 (Date received local registrar) (b) L. R. Popejoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 12 year 1941 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from Mar 10, 1941, to Mar 12, 1941, that I last saw him alive on Mar 11, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Crushing injury to chest and lungs, accidental	1
Due to: Rock falling on chest at Rock quarry	1
Due to:	
Other conditions (Include pregnancy within 3 months of death): Puncture of lungs by fractured ribs	

Major findings: Of operations: No operation
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): Accident
(b) Date of occurrence: Mar 10-1941
(c) Where did injury occur? Rock quarry near Lupus mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Rock quarry! (Specify type of place)
While at work? yes. (e) Means of injury: Rock and frozen dirt fell on him
23. Signature: J. L. Latham (M. D. or coroner)
Address: California Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.