

7. S. No. 2  
DM-9-4-41  
rev. 5-17-39  
I X29484

18253

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 22 1942

Registration District No. ....

Primary Registration District No. 3022

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution:  
520 St. Louis  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community 54 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town DeSoto  
(If outside city or town limits, write "RURAL.")

(d) Street No. 520 St. Louis  
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country England

3. (a) PRINT FULL NAME DIANA COXWELL

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Thomas Coxwell

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

7. Birth date of deceased April 21, 1856  
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 10  
If less than one day hr. min.

9. Birthplace Crick England  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Thomas Pike

13. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name ?

15. Birthplace ?  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur S. Gausch

(b) Address 6836 Plymouth St. Hair City

17. (a) Burial (b) Date thereof June 2, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation (City) DeSoto, Mo.

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) 6-2-42 (b) Fern Spence  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1942 hour 8 minute 2 a.m.

21. I hereby certify that I attended the deceased from about  
May 19, 1942 to May - 31, 1942  
that I last saw her alive on May - 30, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial reorganization of heart

Due to 92%

Other conditions ad. 1 from  
(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? .....

While at DeSoto (Specify type of place)

23. Signature Arthur S. Gausch (M. D. or other) 10  
Address DeSoto Mo Date signed 6-2-42

(Licensed Embalmer's Statement on Reverse Side)

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

30  
22

50  
22  
0

387

**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 *J. E. Mathewshead*

Licensed Embalmer No. *3531*

P. O. Address *Asato md*

**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.**