

OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 17 1947**

# THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 14701  
Registrar's No. 2193

Registration District No. 301 Primary Registration District No. 2082

**1. PLACE OF DEATH:**

(a) County Ripley  
 (b) City or town Rural (Doniphan Township)  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1/2 mi. north of Doniphan  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 30 years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Ripley  
 (c) City or town Rural (Doniphan Township)  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1/2 mi. north of Doniphan  
(If rural, give location)  
 (e) Citizen of foreign country? -No- (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mabel Belzada Cox  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife S. E. Cox 6. (c) Age of husband or wife if alive 66 years  
 7. Birth date of deceased may 2 1882  
(Month) (Day) (Year)

**8. AGE:** Years 64 Months 9 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Gamburg, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_  
 12. Name Unknown  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Emily Gambelin  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant S. E. Cox  
 (b) Address Doniphan, Mo.

17. (a) Burial (b) Date thereof 2-11-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doniphan Cemetery

18. (a) Signature of funeral director Black-Edwards  
 (b) Address Doniphan, Missouri

19. (a) 3-20-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 8  
 year 1947 hour 7:20 minute A. M.  
 21. I hereby certify that I attended the deceased from January 21, 1947, to February 5, 1947.  
 that I last saw her alive on February 5, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolus  
 Due to Thrombosis of Pelvic Veins.  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 56B

Major findings: Small fibroma in its broad ligament.  
 Of autopsy \_\_\_\_\_

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 work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address Doniphan Mo. Date signed 2/15/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

277

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED**

District Health Officer No. 8,

District File Number 247192

Date Filed 4-15-47

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**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 A. Ogden Adams

Licensed Embalmer No. 4351

P. O. Address Doniphan, Mo.

**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.**