

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1144

BIRTH NO. 49-001699 REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4237 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Donna Sue Cox b. (Middle) c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan. 25 1949
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5. SEX fem /	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Jan. 16 1949	9. AGE (In years last birthday) 0	10. MONTHS 0	11. DAYS 9	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ironton Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME R. Buel Cox	13b. MOTHER'S MAIDEN NAME Rebecca Pogue	14. NAME OF HUSBAND OR WIFE
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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. none	17. INFORMANT'S SIGNATURE OR NAME R.B. Cox	ADDRESS Ironton Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH birth
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central spinal Meningitis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spiral - bifida</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3/10/3	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Ironton	(COUNTY) Iron	(STATE) MO
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21d. TIME OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-16, 1949, to 1-25, 1949, that I last saw the deceased alive on 1-25, 1949, and that death occurred at 4 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) M. D.	23b. ADDRESS Ironton MO	23c. DATE SIGNED 1-27-49
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24a. BURIAL (CREMATION, REMOVAL) (Specify) burial	24b. DATE 1-27-49	24c. NAME OF CEMETERY OR CREMATORY Redford Cemetery	24d. LOCATION (City, town, or county) (State) Redford Missouri
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DATE REC'D BY LOCAL REG. Jan 31-49	REGISTRAR'S SIGNATURE Mrs Ann Jones 128	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Health Officer No. 4
Licence File Number 2-49-18-3
Date Filed 2-6-49

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.

Signed Richard White

Signed _____
Student Embalmer

Licensed Embalmer No. 3012

P. O. Address Wilmington

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.