

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **7368**

**FILED APR. 12 1949**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **30** PRIMARY REG. DIST. NO. **5101** Registrar's No. **10**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Benton</b>		a. STATE <b>MISSOURI</b> b. COUNTY <b>Benton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FAIRFIELD RURAL EXTENDED DISTRICT</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FAIRFIELD</b>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>BERCHIE LEE</b> b. (Middle) <b>COX</b> c. (Last) <b>COX</b>			<b>APRIL 8, 1949</b>		
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>MARRIED</b>	<b>8. DATE OF BIRTH</b> <b>APRIL 30, 1891</b>		<b>9. AGE</b> (In years last birthday) <b>57</b> Months <b>9</b> Days <b>8</b>
<b>10a. USUAL OCCUPATION</b> (His kind of work done during most of working life, even if retired) <b>FARMING</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>FARM</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>FAIRFIELD, MO</b>	
<b>13a. FATHER'S NAME</b> <b>W.F. COX</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Tenny Kerr</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Addie Cox</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>NO</b> (If yes, give year or dates of service) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Addie Cox</b> <b>FAIRFIELD, MO</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)			<b>MEDICAL CERTIFICATION</b>		
			<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Myocardial Failure</b>		
			<b>ANTECEDENT CAUSES</b>		
			<b>II. OTHER SIGNIFICANT CONDITIONS</b>		
			<b>INTERVAL BETWEEN ONSET AND DEATH</b>		

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		<b>ANTECEDENT CAUSES</b>			
		<b>II. OTHER SIGNIFICANT CONDITIONS</b>			
		<b>19a. DATE OF OPERATION</b> <b>NONE</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>no</b>	
		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
				<b>FAIRFIELD BENTON MISSOURI</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from June, 1949, to June, 1949, that I last saw the deceased alive on June, 1949, and that death occurred at 5:15 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>C. W. Moreland, Coroner</b>		<b>23b. ADDRESS</b> <b>Col. Paul ...</b>		<b>23c. DATE SIGNED</b> <b>APR 8-49</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>		<b>24b. DATE</b> <b>APRIL 10, 1949</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Spiloh Cemetery</b>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <b>Bentonville, MO</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>9 Apr. 1949</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Geo. A. Logan</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>John F. Risen</b>	
				<b>ADDRESS</b> <b>Wassaw</b>	

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

RECEIVED  
District Health Officer No. \_\_\_\_\_  
District File Number 349-21  
Date Filed 4-11-29

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.

Student .....  
Student Embalmer

Signed

*John J. Bess*

Licensed Embalmer No. 4098

P. O. Address

Warsaw

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.