

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12975

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa	c. LENGTH OF STAY (in this place) 15 Mos	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Dale	a. (First)	b. (Middle) Shirley	c. (Last) Cox	4. DATE OF DEATH (Month) (Day) (Year) April 22, 1949
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Jan. 18, 1921	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Welding Shop	11. BIRTHPLACE (State or foreign country) Iowa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Paul B. Cox	13b. MOTHER'S MAIDEN NAME Elsie R. Adkins	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW II	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Paul E. Cox	ADDRESS Polo, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Suicide by acetophene gas inhalation</i>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH F-972K
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Bladder ailment of several years duration</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>No operation</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <i>Suicide</i> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Odessa (COUNTY) Lafayette (STATE) Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <i>As injury</i>
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22. I hereby certify that I attended the deceased from *Called, 10:30 hours of 4/22/49*, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. Martin, coroner</i> (Degree or title)	23b. ADDRESS <i>Odessa Mo</i>	23c. DATE SIGNED <i>4/22/49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Apr. 23, 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Union Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Ray County, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>Apr 23 '49</i>	REGISTRAR'S SIGNATURE <i>Lester Drummond</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Husman-Sparks</i>	ADDRESS <i>Odessa, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

of 4

RELATIONS

District Health Officer

District File No.

Date Recd.

4-28-49

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 _____

Irving L. Husman

Signed _____

Student Embalmer

Licensed Embalmer No. 7541

P. O. Address Albany 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.