

FILED JUL 13 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19951

State File No.

49
 3

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

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>120</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (in this place) <u>4 Hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>		6	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stone Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1215 West Broadway</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>George</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Cox</u>	
4. DATE OF DEATH		Month <u>July</u>		Day <u>5</u>		Year <u>1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 29, 1891</u>	
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>6</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Osteopathic Physician</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Jacksonville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Hardin Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Saunders</u>		14. NAME OF HUSBAND OR WIFE <u>Effa Jean Cox</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W.W. #1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Effa J. Cox</u>		ADDRESS <u>Webb City, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>9</u> <u>44-48</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Carthage Jasper</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jasper Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>July 5, 1949</u> , to <u>July 5, 1949</u> , that I last saw the deceased alive on <u>July 5, 1949</u> , and that death occurred at <u>10:05 Pm</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Albert B. Wheeler D.O.</u>				23b. ADDRESS <u>Carthage Mo.</u>		23c. DATE SIGNED <u>7/8/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 8, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-8-1949</u>		REGISTRAR'S SIGNATURE <u>L.B. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston-Arnce-Simpson</u>		ADDRESS <u>Webb City, Mo.</u>	

Per. n. Registrar and Embalmer's Statement on Reverse Side

RECEIVED 7-11-49

Jasper County Health Office

County File Number 49-7-538

Date Filed 7-12-49

JUL 27 1949

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 Harvey E. Arnie
Licensed Embalmer No. 4463

P. O. Address West City, 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.