

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22585

FILED JUL 25 1949

State File No.

BIRTH NO. _____ REG. DIST. NO. 3 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 795

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>11</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>309 S. 12th Street</u> <u>12</u>	
3. NAME OF DECEASED a. (First) <u>Josephine</u> b. (Middle) <u>Royse</u> c. (Last) <u>Cox</u>			4. DATE OF DEATH: <u>July 17, 1949</u> (Month) (Day) (Year) <u>0</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>November 11, 1880</u>
9. AGE (In years last birthday) <u>68</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saleslady</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Derge-Bodenhausen</u>
11. BIRTHPLACE (State or foreign country) <u>Cawker City, Kansas.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William M. Royse</u>		13b. MOTHER'S MAIDEN NAME <u>Mary West</u>	
14. NAME OF HUSBAND OR WIFE <u>Roscoe C. Cox</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u> *****	
16. SOCIAL SECURITY NO. <u>491-10-0749</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Stanley W. Cox</u> ADDRESS <u>2015 Francis St., St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of pancreas</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Generalized metastases</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u> <u>157X</u>
19a. DATE OF OPERATION <u>6-9-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Generalized carcinomatosis</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 6-7, 1949, to 7-17, 1949 that I last saw the deceased alive on 7-16, 1949, and that death occurred at 2:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>St. Joseph MO</u>	23c. DATE SIGNED <u>7-17-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 19, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>1946 Colhoun St. St. Joseph, Mo.</u>	

DATE REC'D BY LOCAL REG. July 20, 1949 REGISTRAR'S SIGNATURE [Signature] 382

(Licensed Embalmer's Statement on Reverse Side)

MAR 30 1950

AUG 11 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 *Albert E. Harrington*

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.