

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29309

State File No.

BIRTH NO. 55110-49 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 971

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>BUCHANAN</u>	
b. CITY OR TOWN <u>ST. JOSEPH</u> c. LENGTH OF STAY (in this place) <u>14 HOURS</u>		c. CITY OR TOWN <u>ST. JOSEPH</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MERCY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>513 So 20th</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>	b. (Middle) <u>WAYNE</u>	c. (Last) <u>COX</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 4, 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>9-4-49</u>	9. AGE (in years last birthday) <u>14 HOURS</u>	IF UNDER 1 YEAR Days <u>14</u>	IF UNDER 11 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Mercy Hospital ST. JOSEPH Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>AMERICAN</u>
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13a. FATHER'S NAME <u>NORMAN ODEM COX</u>	13b. MOTHER'S MAIDEN NAME <u>VIRGINIA LEE BURNELL</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. & Mrs. N.O. Cox</u>	ADDRESS <u>513 So 20th</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1/2 HOUR</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGENITALLY ENLARGED THYMUS</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PREMATURITY 8mo.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>273X</u>	

19a. DATE OF OPERATION <u>✓</u>	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) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 9-4, 1949, to 9-4, 1949, that I last saw the deceased alive on 9-4, 1949, and that death occurred at 7:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. G. Jenkins</u> (Print or title)	23b. ADDRESS <u>5008 King Hill St. Joseph, Mo.</u>	23c. DATE SIGNED <u>9-4-49</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>9-6-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osborn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Osborn Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 10, 1949</u>	REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u> <u>382</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bowman</u>	ADDRESS <u>St. Joseph Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *James B. Hawkins*.....

Licensed Embalmer No. *4536*

P. O. Address *319 S. 10th St. Omaha, 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.