

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36261

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Butler</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Butler</b>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <b>S. High</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>S. High</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sarah</b>		b. (Middle) <b>Jane</b>	
		c. (Last) <b>Cox</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 12, 1949</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1-4-1868</b>
9. AGE (In years last birthday) <b>81</b>		10. MONTH <b>10</b>	11. DAY <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>J.R. Scott</b>	
		13b. MOTHER'S MAIDEN NAME <b>Rosie Maloney</b>	
		14. NAME OF HUSBAND OR WIFE <b>E.W. Cox</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	
		17. INFORMANT'S SIGNATURE OR NAME <b>E.W. Cox</b>	
		ADDRESS <b>Butler, Missouri</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HYPOSTATIC PNEUMONIA</b>				<b>3 DAYS</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>GENERAL HEMORRHAGE</b>		<b>5 MONTHS</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>GENERALIZED ARTERIOSCLEROSIS</b>		<b>UNKNOWN</b>	
II. OTHER SIGNIFICANT CONDITIONS		<b>CHRONIC MYOCARDITIS</b>		<b>UNKNOWN</b>	
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>Butler, MO</b>	
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? _____	

22. I hereby certify that I attended the deceased from **APRIL 26, 1949**, to **NOV. 10, 1949**, that I last saw the deceased alive on **NOV. 10, 1949**, and that death occurred at **5:40 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John M. Cooper H.D.</b> (Degree or title)		23b. ADDRESS <b>BUTLER, MO</b>		23c. DATE SIGNED <b>Nov. 14, 49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-13-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakhill Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Butler, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>NOV. 18-1949</b>		REGISTRAR'S SIGNATURE <b>Randall Korman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clavel Underwood</b>	
				ADDRESS <b>Butler, Mo.</b>	

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

RECEIVED

District Health Officer No. 7,

District File Number 11-49-1379

Date Filed 11-21-29

**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 Harold J. Hill

Licensed Embalmer No. 4743

P. O. Address Butler, 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.