

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

37922

State File No. _____

No. 300
10.48

FILED NOV 23 1949

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5723 Registrar's No. 121

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-Chariton</u> c. LENGTH OF STAY (In this place) <u>1 day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>8 mi. S.W. of Bevier</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>Cook</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Chicago</u> d. STREET ADDRESS (If rural, give location) <u>5042 Winthrop</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Craig</u> b. (Middle) <u>Allen</u> c. (Last) <u>Cox</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14, 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 18, 1941</u>
9. AGE (In years last birthday) <u>8</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (State or foreign country) <u>Chicago, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Floy Lee Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Cassie McDuffee</u>	
14. NAME OF HUSBAND OR WIFE <u>-</u>		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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Floy Cox</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>Acute Dilatation of the Heart</u> ANTECEDENT CAUSES DUE TO (b) <u>Epilepsy</u> DUE TO (c) <u>Rheumatic Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/6/49</u>	
18. CAUSE OF DEATH (continued)		INTERVAL BETWEEN ONSET AND DEATH <u>192</u> <u>4/6/49</u>	
19a. DATE OF OPERATION <u>-</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>	
19c. AUTOPSY! YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. ADDRESS <u>Chicago, Ill.</u>	
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) _____	
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 <u>Floy Lee Cox</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. B. Stokes M.D. Coroner</u>		23b. ADDRESS <u>Excelsior, Mo.</u>	
23c. DATE SIGNED <u>10/15/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10/16/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>	
24d. LOCATION (City, town, or county) (State) <u>Macon Co. MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter McNeely</u>	
DATE REC'D BY LOCAL REG. <u>11-7-49</u>		REGISTERAR'S SIGNATURE <u>Walter McNeely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u>		ADDRESS <u>Macon Mo</u>	

RECEIVED 11/14/49
MACON COUNTY HEALTH DEPARTMENT

County File No. 11/49/38

Date Filed 11/15/49

DEC 5 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 Skinner*.....

Licensed Embalmer No. 75-1.....

P. O. Address *Macon, Ga*.....

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.