

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 40899
165

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 5478		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>			
b. CITY OR TOWN <u>Galt Rural</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Galt Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Marion Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Marion Sup. P</u>			
3. NAME OF DECEASED (Type or Print) <u>BENJIMAN F. COX</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>11-27-49</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 15-1865</u>		9. AGE (In years last birthday) <u>84</u>	If UNDER 1 YEAR Months <u>5</u> Days <u>12</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>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Calloway Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Rheobe Goss</u>		14. NAME OF HUSBAND OR WIFE <u>Lella Ann Cox</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Opal Cox</u> ADDRESS <u>Galt 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, asthenia, 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>					INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Do not know</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>331X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input 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) (Min.)		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>Trout Mt., 1949</u> , to <u>Nov. 27th, 1949</u> , that I last saw the deceased alive on <u>Nov. 25th, 1949</u> , and that death occurred at <u>2:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Oliver F. Jeffrey M.D.</u> (Degree or title)				23b. ADDRESS <u>Trouton Mo</u>		23c. DATE SIGNED <u>Nov 28th 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-29-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rural Dale Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Trouton Mo Grundy Co</u>		
DATE REC'D BY LOCAL REG. <u>11-29-49</u>		REGISTRAR'S SIGNATURE <u>Jerene Zarr</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. Payne</u>		ADDRESS <u>Galt Mo</u>	

(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 P. K. Payne Jr.....

Licensed Embalmer No. 3400.....

P. O. Address Galt, 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.