

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41813

FILED DEC 23 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>	
c. LENGTH OF STAY (In this place) <u>Lifetime</u>		71	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>/</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Loyd Lawrence</u> b. (Middle) <u>/</u> c. (Last) <u>Cox</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>March 14, 1920</u>	9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Morgan Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Sherman Cox</u>	13b. MOTHER'S MAIDEN NAME <u>Sylvia M. Arnold</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sylvia Cox Versailles, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Labor Pneumonia</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Spastic paralysis</u>		49 NA life	
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)
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 Dec 16, 1949, to Dec 18, 1949, that I last saw the deceased alive on Dec 18, 1949, and that death occurred at 9 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. L. Washburn M.D.</u>	23b. ADDRESS <u>Versailles Mo</u>	23c. DATE SIGNED <u>12/19/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 21-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Versailles</u>
		24d. LOCATION (City, town, or county) (State) <u>Versailles, Mo.</u>

DATE REC'D BY LOCAL REG. <u>Dec 19-1949</u>	REGISTRAR'S SIGNATURE <u>J. L. Washburn M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. T. Hedrick Versailles, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

71  
10

V.O.K.

(Licensed Embalmer's Statement on Reverse Side)

JAN 3 1950  
JAN 18 1950

RECEIVED  
District Health Officer No. 7,  
District File Number 11-47-1496  
Date Filed 12-21-49

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 Raymond C. Forber  
Licensed Embalmer No. 4626  
P. O. Address Versailles, 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.