

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **3836**
 Registrar's No. **151**

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

0090

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5114		Registrar's No. 151	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Bollinger		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Zalma, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Reval - New Zalma, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Zalma, Mo.				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
(First) Ida	(Middle) Bell		(Last) Cox			(Month) Feb.	(Day) 14
(Year) 1950							(Year) 1950
5. SEX Female	6. COLOR, OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 4, 1877		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days 	IF UNDER 4 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ernest Stephens		13b. MOTHER'S MAIDEN NAME Smith		14. NAME OF HUSBAND OR WIFE Alex Cox			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME Alex Cox		ADDRESS Zalma, Mo.	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon with metastases				1 yr	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS				153X	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 1-3-50		19b. MAJOR FINDINGS OF OPERATION Generalized carcinomatosis of peritoneal cavity				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)		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 1-1-50, 1950 , to 2-14, 1950 , that I last saw the deceased alive on 1-16, 1950 and that death occurred at 7:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE R.A. Ritter, M.D.				23b. ADDRESS Cape Girardeau, Mo.		23c. DATE SIGNED 2-17-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 17, 1950	24c. NAME OF CEMETERY OR CREMATORY Cox Cemetery		24d. LOCATION (City, town, or county) (State) Bollinger Co., Mo.		
DATE REC'D BY LOCAL REG. Feb. 23, 1950		REGISTRAR'S SIGNATURE William VanCumber		25. FUNERAL DIRECTOR'S SIGNATURE W. S. Morgan		ADDRESS Advance, Mo.	

RECEIVED

MAR 1 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-290

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~~ _____

William H. Morgan

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *William H. Morgan*

Licensed Embalmer No. 4640

P. O. Address Advocate, 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.