

No. 300  
10.48

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

File No. 16269

300  
1

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

BIRTH NO. _____		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>5350</u>		Registrar's No. <u>29</u>		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY <u>Dallas</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lincoln</u>		c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION		
a. STATE <u>MO.</u>		b. COUNTY <u>Dallas</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Urbana, Mo.</u>		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)					
a. (First) <u>Rose</u>			b. (Middle) <u>H</u>			c. (Last) <u>Cox</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>Jan 9 - 1883</u>		
9. AGE (10 years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>6</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>John Meriott</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>James Cox</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>James Cox</u>		ADDRESS <u>Urbana Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Natural Causes</u>		ANTECEDENT CAUSES						
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Probably Coronary</u>						
		DUE TO (c) <u>Thrombosis</u>						
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>No Inquest</u>					<u>4:20</u>	
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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>James Cooney ?</u>			23b. ADDRESS <u>Buffalo Mo</u>			23c. DATE SIGNED <u>6-5-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-6-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mission Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6/10/50</u>		REGISTRAR'S SIGNATURE <u>Miss D.B. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery Vaughan</u>		ADDRESS <u>Buffalo, Mo.</u>		

RECEIVED 6-12-50  
District Health Officer No. 7  
District File Number 5-50-653  
Date Filed 6-12-50

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.....

.....  
working under my personal supervision.

..... Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Blyde Montgomery*.....  
Licensed Embalmer No. *3592*

P. O. Address *Buffalo, N.Y.*

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.