

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17215

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Herculaneum
c. LENGTH OF STAY (In this place) 43 years
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Jefferson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Herculaneum 0500
d. STREET ADDRESS (If rural, give location) 1626 Barclay

3. NAME OF DECEASED a. (First) Leslie b. (Middle) Lawrence c. (Last) Cox
4. DATE OF DEATH (Month) (Day) (Year) March 16, 1950

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Feb 28, 1893 9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months 0 Days 18 IF UNDER 24 HRS. Hours 18 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) head smelter 10b. KIND OF BUSINESS OR INDUSTRY St. Joe lead Co. 11. BIRTHPLACE (State or foreign country) Crosstown, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Cox 13b. MOTHER'S MAIDEN NAME Anna Self 14. NAME OF HUSBAND OR WIFE Emma Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Cox - Herculaneum, Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis Coronary
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) nephritis Chronic DUE TO (c) Hypertension
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 1 year, 1 year, unk
592X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/22, 1948, to 3/17, 1950, that I last saw the deceased alive on 3/17, 1950, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE Harry Goski (Degree or title) 23b. ADDRESS Justice, Mo. 23c. DATE SIGNED 3/17/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE March 19, 1950 24c. NAME OF CEMETERY OR CREMATORY Herculaneum 24d. LOCATION (City, town, or county) Herculaneum, Mo. (State)

DATE REC'D BY LOCAL REG. March 16, 1950 REGISTRAR'S SIGNATURE (Clerk Bellville) 25. FUNERAL DIRECTOR'S SIGNATURE Gentry R. Tolotta ADDRESS Crystal City, Mo.

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

05000
1

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 5-11-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Gentry R. Holittle

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.