No. 300
10.48

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

FILED JUL 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22409

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 132

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall
c. LENGTH OF STAY (in this place): 19 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fitzgibbon Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall
d. STREET ADDRESS (If rural, give location): 450 South Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): Ruth
b. (Middle): Goodrich
c. (Last): Cox

4. DATE OF DEATH (Month) (Day) (Year): July 7, 1950

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 21, 1868

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Saline Co., Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Hindman

13b. MOTHER'S MAIDEN NAME: Margaret Allison

14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Mrs. J. E. Williams
ADDRESS: Marshall, Mo.

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) Coronary Occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Sclerosis of Aorta

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

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) m.

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* July 6, 1950, *to* July 7, 1950, *that I last saw the deceased alive on* July 7, 1950, *and that death occurred at* 5:50 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: John R Lawrence (Degree or title)

23b. ADDRESS: Marshall, Mo

23c. DATE SIGNED: 7-7-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 9, 1950

24c. NAME OF CEMETERY OR CREMATORY: Nelson Cem.

24d. LOCATION (City, town, or county) (State): Nelson, Missouri

DATE REC'D BY LOCAL REG.: July 7-1950

REGISTRAR'S SIGNATURE: Sidney T. Gray 385

25. FUNERAL DIRECTOR'S SIGNATURE: Harry Hershberger
ADDRESS: Marshall, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-10-50
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 7-10-50

JUN 7 1951

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 Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.