S. No. 300
v. 10.48

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22560

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 51

1090 4

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

1. PLACE OF DEATH
a. COUNTY: Warren
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrenton
c. LENGTH OF STAY (in this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Katie Jane Memorial Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hawkpoint 0570.
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): ANNIE COX

4. DATE OF DEATH (Month) (Day) (Year): 6-18-50

5. SEX: F
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ~~Widowed~~
8. DATE OF BIRTH: 12-1-1869
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 6 Days 17 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: John Cox
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: unmarried

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: William Morning Hawkpoint 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) Hypertensive Cardiovascular — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Renal disease — 1 yr X
DUE TO (c) Coronary occlusion — 2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis with auricular fibrillation

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* May 29, 1950, *to* June 18, 1950, *that I last saw the deceased alive on* June 18, 1950, *and that death occurred at* 5:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold Hoelscher M.D.
23b. ADDRESS: Warrenton Mo
23c. DATE SIGNED: June 21

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-20-50
24c. NAME OF CEMETERY OR CREMATORY: Slaven Cemetery
24d. LOCATION (City, town, or county) (State): Lincoln County Mo

DATE REC'D BY LOCAL REG.: 6-21-50
REGISTRAR'S SIGNATURE: Floyd Logan 421
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wayne McCoy Troy Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 10 1950
District Health Officer No. 9,
District File Number

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 Wayne McCoy

Signed .....
Student Embalmer

Licensed Embalmer No. 3586

P. O. Address Troy 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.