

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22711  
Registrar's No. 81

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005

1. PLACE OF DEATH a. COUNTY <b>BATES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>BATES</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>BUTLER</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>CHARLOTTE TWP - BUTLER</b>	
c. LENGTH OF STAY (in this place) <b>2 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>RD # 4 - BUTLER</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BUTLER MEMORIAL HOSP</b>			

3. NAME OF DECEASED a. (First) <b>NORMA</b> b. (Middle) <b>JEAN</b> c. (Last) <b>COX</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 5 - 1950</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>FEB-13-1935</b>
9. AGE (In years last birthday) <b>15</b>		10. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (State or foreign country) <b>BATES Co - MO</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STUDENT</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>DRVILLE COX</b>	13b. MOTHER'S MAIDEN NAME <b>HAZEL M SGUIRE</b>	14. NAME OF HUSBAND OR WIFE <b>—</b>
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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. <b>—</b>	17. INFORMANT'S SIGNATURE OR NAME <b>DRVILLE COX - BUTLER MO</b>	ADDRESS <b>—</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>4.5X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Subacute Pleuritis</b> DUE TO (c) <b>Effusion</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>—</b>			

19a. DATE OF OPERATION <b>—</b>	19b. MAJOR FINDINGS OF OPERATION <b>—</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE <b>Butler Bates MO</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <b>—</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>—</b>

22. I hereby certify that I attended the deceased from **July 28 1950** to **Aug 5 1950**, that I last saw the deceased alive on **Aug 1 1950** and that death occurred at **7:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles A. Lusk, M.D.</b>	23b. ADDRESS <b>Butler, MO</b>	23c. DATE SIGNED <b>8/7/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>8-7-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>VIRGINIA CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>RD - BUTLER - MO</b>
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DATE REC'D BY LOCAL REG. <b>Aug 7 - 1950</b>	REGISTRAR'S SIGNATURE <b>Randall H. ...</b>	FUNERAL DIRECTOR'S SIGNATURE <b>John G. Underwood</b>	ADDRESS <b>Butler MO</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0071

RECEIVED 8/14/52  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 8/14/52

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. ~~4657~~

Signed Robert G Steinbeck

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butler Ind.

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.