S. No. 300
v. 10.48

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

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27452

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 388

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marcel ine
c. LENGTH OF STAY (in this place): 2yrs 5mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dorrell Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marceline 0581
d. STREET ADDRESS (If rural, give location): 0

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

4. DATE OF DEATH (Month) (Day) (Year): Aug. 31, 1950

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Aug 11, 1859
9. AGE (In years last birthday): 91 — If under 1 year: Months: ; Days: 20 — If under 24 hrs.: Hours: ; Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Mary Sullivan
13b. MOTHER'S MAIDEN NAME: Mary Fisher
14. NAME OF HUSBAND OR WIFE: John Cox deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Winefred Slaughter Marceline

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) Acute Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fractured Right femur — 3 hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Generalized arteriosclerosis — years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
E9020
21 056
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Fell fracture R. femur
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Marceline Linn Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 31 1950 5:00 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Pt. fell getting out of chair

22. *I hereby certify that I attended the deceased from* 31 Aug, 1950, *to* 31 Aug, 1950, *that I last saw the deceased alive on* 31 Aug, 1950, *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Chas E Thompson MD
23b. ADDRESS: Marceline Mo
23c. DATE SIGNED: 2 Sept 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 3
24c. NAME OF CEMETERY OR CREMATORY: Silham Cemetery
24d. LOCATION (City, town, or county) (State): Mendon, Mo. R. F. D.

DATE REC'D BY LOCAL REG.: Sept 2-50
REGISTRAR'S SIGNATURE: Mary Jane Cuevas 401
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: James McLaughlin Marceline Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: SEP 7 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-14
Date Filed: SEP 8 1950

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 Francis Lee Schaberg

Licensed Embalmer No. 4513

P. O. Address Marceline 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.