

No. 300
10.48

FILED OCT 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 82981

Registrar's No. 137

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3072

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Richmond Township	
c. LENGTH OF STAY (in this place) 6 days		d. STREET ADDRESS (If rural, give location) 4 miles NE Richmond	
d. FULL NAME OF HOSPITAL OR INSTITUTION Excelsior Springs Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) Gene	c. (Last) Cox	4. DATE OF DEATH (Month) (Day) (Year) October 6, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 29, 1878	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR (Months) 1	IF UNDER 24 HRS. (Day) (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Ray County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lafayette Cox	13b. MOTHER'S MAIDEN NAME Alice Craig	14. NAME OF HUSBAND OR WIFE Sarah (Shaw) Cox
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Cox, Richmond, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Pancreas 6 days		INTERVAL BETWEEN ONSET AND DEATH 157X
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma Liver		
	DUE TO (c) arterio-sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 1 - 1950 to Oct 6 - 1950**, that I last saw the deceased alive on **Oct 6, 1950** and that death occurred at **10:30 AM** from the causes and on the date stated above.

23a. SIGNATURE E. E. Gay MD	23b. ADDRESS Richmond, Mo	23c. DATE SIGNED 10-10-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE October 8, 1950	24c. NAME OF CEMETERY OR CREMATORY Hickory Grove	24d. LOCATION (City, town, or county) (State) Ray County, Missouri
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DATE REC'D BY LOCAL REG. 10/10/50	REGISTRAR'S SIGNATURE Baroline Dutschko	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Quest-Life Funeral Home Richmond, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



APR 18 1958

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 *George P. Hill* _____

Licensed Embalmer No. 4266 _____

P. O. Address St. Louis, Missouri _____

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.