

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37549

State File No.

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 48

35103

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

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>HOLDEN</u>	c. LENGTH OF STAY (In this place) <u>2 YR</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>HOLDEN</u> <u>0510</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>PUBLIC STREET</u>		d. STREET ADDRESS (If rural, give location) <u>MADISON TWP</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>OLLIE</u>	b. (Middle) <u>ANYSUM</u>	c. (Last) <u>COX</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 3 1950</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 9 1881</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 24 HRS. Days <u>24</u>	IF UNDER 24 HRS. Hours <u>24</u>	IF UNDER 24 HRS. Min. <u>24</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER & CONSTR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>COMMON LABORER</u>	11. BIRTHPLACE (State or foreign country) <u>Morgan County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Cox</u>	13b. MOTHER'S MAIDEN NAME <u>Miranda Thomas</u>	14. NAME OF HUSBAND OR WIFE <u>Virginia Elizabeth</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>491-07-7224</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Elizabeth Cox</u>	ADDRESS <u>Holden</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Endocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4214</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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)	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 _____, 19____, to Nov. 3, 1950, that I last saw the deceased alive on Nov. 3, 1950, and that death occurred at 4:55 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Miss W. J. Schumberg</u>	(Degree or title)	23b. ADDRESS <u>Holden, Mo.</u>	23c. DATE SIGNED <u>11-4-50</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>	24d. LOCATION (City, town, or county) (State) <u>Syracuse Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 4, 1950</u>	REGISTRAR'S SIGNATURE <u>Miss W. O. Redford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Canada and Ropp</u>	ADDRESS <u>Holden, Mo.</u>
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RECEIVED
NOV 6 1957
JOHNSON COUNTY HEALTH DEPT.

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 W R Canaday

Licensed Embalmer No. 3934

P. O. Address Heldin, 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.