S. No. 300
v. 10.48

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

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41213

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 578

495
0
Schobert

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 50 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin 0495 0
d. STREET ADDRESS (If rural, give location): 215 Connor Avenue

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

4. DATE OF DEATH (Month) (Day) (Year): December 19,1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /

8. DATE OF BIRTH: February 10,1950

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mining Mach. Equip. Dist.

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Palmyra, Nebraska /

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Dr George H. Cox

13b. MOTHER'S MAIDEN NAME: Caroline Coulter

14. NAME OF HUSBAND OR WIFE: Agnes Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Agnes Cox 215 Connor Ave. Joplin, 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) Inanation — INTERVAL BETWEEN ONSET AND DEATH: 2 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Repeated Cerebral Thromboses — 8 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
335.X

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* 7-7, 19 50, *to* 12-19, 19 50, *that I last saw the deceased alive on* 12-19, 19 50, *and that death occurred at* 1:10P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: V. B. Schobert (Degree or title) MD.

23b. ADDRESS: Joplin Mo

23c. DATE SIGNED: 12-22

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec 21,1950

24c. NAME OF CEMETERY OR CREMATORY: Mt Hope Cemetery

24d. LOCATION (City, town, or county) (State): Webb City, Missouri

DATE REC'D BY LOCAL REG.: 12-26-50

REGISTRAR'S SIGNATURE: Ed Dennis 138 by Delsie Lemphere

25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Thornhill-Billon Mort. Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-5-51
Jasper County Health Office
County File Number 50-12-976
Date Filed 1-6-51

JAN 18 1951

Image

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.

Signed William E. Hendleston

Licensed Embalmer No. 4770

P. O. Address Joplin, Mo.

Signed.....
Student Embalmer

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.

FILED JAN 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11213

BIRTH NO. _____ REG. DIST. NO. 16 PRIMARY REG. DIST. NO. 2001 Registrar's No. 578

1 PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 50 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St John's Hospital

2 USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
d. STREET ADDRESS (If rural, give location): 215 Connor Avenue

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

4 DATE OF DEATH (Month) (Day) (Year): December 19,1950

5 SEX: Male
6 COLOR OR RACE: White
7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8 DATE OF BIRTH: February 10, 1884
9 AGE (In years last birthday): 66 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work during during most of working life, even if retired): Mining Mach. Equip. Dist.
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11 BIRTHPLACE (State or foreign country): Palmyra, Nebraska
12 CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME: Dr George H. Cox
13b. MOTHER'S MAIDEN NAME: Caroline Coulter
14 NAME OF HUSBAND OR WIFE: Agnes Cox
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16 SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Agnes Cox ADDRESS: 215 Connor Ave. Joplin, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Insanation — INTERVAL BETWEEN ONSET AND DEATH: 2 wk

ANTECEDENT CAUSES. *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last*

DUE TO (b) Repeated Cerebral Thrombosis — 8 mos

DUE TO (c)

#8 corrected by affidavit of fun. dir. 11-29-68

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 ☐ 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* 2-7, 19 50, *to* 12-17, 19 50, *that I last saw the deceased alive on* 12-17, 19 50, *and that death occurred at* 1:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): M.D.
23b. ADDRESS: Joplin Mo
23c. DATE SIGNED: 12-22

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 21,1950
24c. NAME OF CEMETERY OR CREMATORY: Mt Hope Cemetery
24d. LOCATION (City, town, or county) (State): Webb City, Missouri

DATE REC'D BY LOCAL REG: 12 26 50
REGISTRAR'S SIGNATURE: [illegible]
25 FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Thornhill-Billon Mort. Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)