

FILED JAN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43637

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u> <u>061d</u>	
c. LENGTH OF STAY (in this place) <u>11 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>901 S. Rollins</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>901 S. Rollins</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>Allen</u> c. (Last) <u>Cox</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 23 1950</u>		
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>Aug. 14 1877</u>		9. AGE (In years last birthday) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
13a. FATHER'S NAME <u>William Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Perkins</u>		14. NAME OF MARRIED OR WIFE <u>Mrs Fannie Cox</u>	
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>No.</u> <u>489-26-9103</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Fannie Cox, Macon, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) <u>Hypertension</u>			2. <u>2 mo</u> <u>unknown</u> <u>over 4 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7-5-47 to 12-23, 1950, that I last saw the deceased alive on 12-23, 1950, and that death occurred at 5:20 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Macon Mo</u>		23c. DATE SIGNED <u>12-28-50</u>	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 26, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>Macon, RFD #1, Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-16-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Macon Mo</u>	

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

611

RECEIVED 1. 27. 51
MACON COUNTY HEALTH DEPARTMENT
County File No. 1. 51. 17
Date Filed 1. 29. 51

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.

Signed.....
Student Embalmer

Signed *Charles L. Stilton*

Licensed Embalmer No. 4577

P. O. Address *Macon, 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.