

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2438

Registrar's No. 112

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2438		Registrar's No. 112				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ste. Genevieve</u>								
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ste. Genevieve</u>		0951						
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Missouri Baptist Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Madie</u>			b. (Middle) _____			c. (Last) <u>Cox</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 3, 1951</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 22, 1887</u>		9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____	Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Perry County, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>James Abernathy</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda Farrar</u>			14. NAME OF HUSBAND OR WIFE <u>Jesse Cox</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Louis Vessells, Ste. Genevieve, Mo</u>						
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rt. Upper Lobe Pneu</u>								INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Dis.</u>										
		DUE TO (c) <u>Diabetes Mellitus</u>								<u>2 yrs.</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured Lt. Wrist</u>								<u>5 days</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Mary's Mo (At Home)</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Mary's Mo</u>								
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? <u>Fell at Home</u>		<u>260XF</u>						
22. I hereby certify that I attended the deceased from <u>1/2</u> , 19 <u>51</u> , to <u>1/3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/3</u> , 19 <u>51</u> and that death occurred at <u>3:35 p.</u> , from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) <u>Chakaday, M.D.</u>				23b. ADDRESS <u>539 No. Grand</u>				23c. DATE SIGNED <u>1/4/51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>1-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Perryville, Missouri</u>						
DATE/REC'D BY LOCAL REGISTRAR <u>JAN 6 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lanter</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

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 J. Wm Binkley Jr

Signed.....
Student Embalmer

Licensed Embalmer No. 3653

P. O. Address.....

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.

MAR 27 1951