

FILED MAR 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5472

State File No. \_\_\_\_\_

0732

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

BIRTH NO. _____		REG. DIST. NO. <u>243</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Oklahoma</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Neosho</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Oklahoma City</u>		<u>8350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sale Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1005 N.W. 24th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louella</u>			b. (Middle) <u>Lindley</u>		c. (Last) <u>Cox</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17, 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>June 27, 1904</u>	9. AGE (in years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
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		11. BIRTHPLACE (State or foreign country) <u>Webb City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Thomas Burton</u>			13b. MOTHER'S MAIDEN NAME <u>Savannah Lee</u>		14. NAME OF HUSBAND <u>Myron W. 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>448-09-8483</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Myron W. Cox Oklahoma City, Okla.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of sigmoid colon with metastases</u> INTERVAL BETWEEN ONSET AND DEATH <u>153x</u> ANTECEDENT CAUSES Morbid 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 <u>1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of sigmoid colon</u>				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)		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 <u>Nov. 13, 1950</u> to <u>Feb. 17, 1951</u> , that I last saw the deceased alive on <u>Feb. 17, 1951</u> , and that death occurred at <u>2:25 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Melvin C. Bowman</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Neosho, Mo</u>		23c. DATE SIGNED <u>Feb 26 - 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-20-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mayfield</u>		24d. LOCATION (City; town, or county) (State) <u>McDonald County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Feb. 26, 1951</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> <u>223</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Corley Thompson Jr. Neosho, Mo.</u>			

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**RECEIVED**

District Health Officer No. Newton Co. Health Dept.  
District File Number 351-70  
Date Filed 3/6/51

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**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 R. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Wish, 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.