

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17342

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

FILED JUN 15 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 577L Registrar's No. 47

650

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

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marion Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural -</b>	
c. LENGTH OF STAY (In this place) <b>life</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>W.</b> c. (Last) <b>Cox</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 2-51</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	
8. DATE OF BIRTH <b>Jan. 12-1873</b>		9. AGE (In years) (Month) (Day) (Year) <b>78</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Mercer Co., Mo.</b>	

13a. FATHER'S NAME <b>Edwin R. Cox</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Dykes</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Richard Constable Mercer, Mo.</b>	

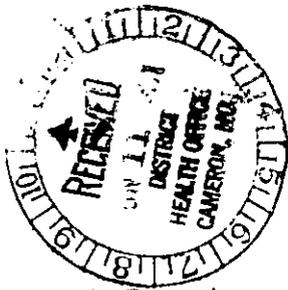
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardiovascular disease</b>		
	DUE TO (c) <b>vascular disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>yes</b>			

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)		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 Nov 8, 1950 to June 2, 1951, that I last saw the deceased alive on June 2, 1951 and that death occurred at 3:00 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Date and title) <b>Geo. H. Harrison</b>		23b. ADDRESS <b>Mercer Co., Mo.</b>		23c. DATE SIGNED <b>June 2, 51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-5-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Ceme.</b>	
24d. LOCATION (City, town, or county) (State) <b>Mercer Co., Mo.</b>					

DATE REC'D BY LOCAL REG. <b>6-6-51</b>		REGISTRAR'S SIGNATURE <b>M. J. Ruth</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Martin Funeral Home Princeton, Mo.</b>	
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Ivan Martin*

Signed .....  
Student Embalmer

Licensed Embalmer No. 3760

P. O. Address Princeton, MA.

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.