

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **22851**

FILED JUL 31 1951

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 5513		Registrar's No. 111	
1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RR #2 Leesville		c. LENGTH OF STAY (in this place) 15 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton RR 2		10420	
d. FULL NAME OF HOSPITAL OR INSTITUTION First Wood store				d. STREET ADDRESS (If rural, give location) Leesville Mo			
3. NAME OF DECEASED (Type or Print) THOMAS		a. (First) X		b. (Middle) COX		c. (Last)	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 7/20/1882	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) ST CLAIR Co Mo	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME HENRY COX		13b. MOTHER'S MAIDEN NAME MARY		14. NAME OF HUSBAND OR WIFE unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Audra Parks ADDRESS Clinton			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Chronic myocarditis 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. None				INTERVAL BETWEEN ONSET AND DEATH Death at home 18 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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 March 17, 1950 , to July 24, 1951 , that I last saw the deceased alive on July 16, 1951 , and that death occurred at 11 A m., from the causes and on the date stated above.							
23a. SIGNATURE S. B. Hughes		(Degree or title) M.D.		23b. ADDRESS Clinton Mo.		23c. DATE SIGNED 7/25/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/27/51		24c. NAME OF CEMETERY OR CREMATORY SMITH BEND CEM		24d. LOCATION (City, town, or county) (State) NEAR INISDAV Mo	
DATE REC'D BY LOCAL REG. July-25-51		REGISTRAR'S SIGNATURE Florence Adair		422		25. FUNERAL DIRECTOR'S SIGNATURE J. E. Consolus ADDRESS Clinton	

(Licensed Embalmer's Statement on Reverse Side)

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

2420
3

RECEIVED 7-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-30-51 _____

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

J E Conzelmann

Licensed Embalmer No. 1891

P. O. Address *Clinton 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.