

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29327

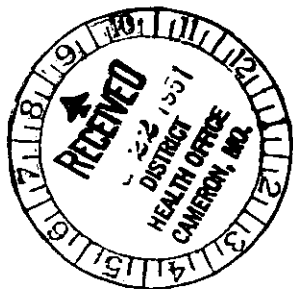
State File No. _____

FILED AUG 25 1951

BIRTH NO. _____		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>6272</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>North</u> <u>1130</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>North</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Allen Twp</u>		c. LENGTH OF STAY (in this place) <u>6.5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Allen Twp</u> <u>1130</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>2 1/2 mi East of Denver MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CELIA</u>		b. (Middle) <u>ANN</u>		c. (Last) <u>COX</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>12</u> <u>51</u>	
5. SEX <u>7</u> <u>1</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Rev 19-1860</u>	
9. AGE (In years last birthday) <u>90</u>		10. 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>MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Lesse Hill</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah McCray</u>		14. NAME OF HUSBAND OR WIFE <u>Lincoln Cox</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Pickering - Denver MO</u> ADDRESS _____			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized 14 years</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cystitis</u> <u>2 wks</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 _____, 19 <u>49</u> , to <u>8-12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-10</u> , 19 <u>51</u> , and that death occurred at <u>12:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. B. M. Addison MD</u>				23b. ADDRESS <u>Grant City Mo</u>		23c. DATE SIGNED <u>8/14/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 14, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Miller Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Denver MO</u>	
DATE REC'D BY LOCAL REG. <u>Aug 18, 1951</u>		REGISTRAR'S SIGNATURE <u>John E. Dawson</u> <u>345</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. Brown</u> ADDRESS <u>Denver MO</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 _____

Signed
Student Embalmer

Licensed Embalmer No. 2947

P. O. Address. Danvers, 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.