

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **38422**

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

BIRTH NO. [REDACTED] REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **4424** Registrar's No. **128**

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) Humansville		c. CITY (If outside corporate limits, write RURAL and give township) Humansville	
c. LENGTH OF STAY (In this place) all life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Geol Dimmitt Mem. Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Julia		b. (Middle) Cox	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 11 5 1951	
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 19, 1869
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 6 Days 16	IF UNDER 1 YEAR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) 9
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William		13b. MOTHER'S MAIDEN NAME Martha Butler	
14. NAME OF HUSBAND OR WIFE Charles			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -- --		16. SOCIAL SECURITY NO. --	
17. INFORMANT'S SIGNATURE OR NAME Mrs. E. H. Primm		ADDRESS Humansville	
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) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH	
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		19b. MAJOR FINDINGS OF OPERATION 4222	
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 10-14 , 19 51 , to 11/5 , 19 51 , that I last saw the deceased alive on 11/5 , 19 51 , and that death occurred at 2:50 pm., from the causes and on the date stated above.			
23a. SIGNATURE E. H. Primm MD		(Degree or title)	
23b. ADDRESS Humansville, Mo		23c. DATE SIGNED 11/7/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/7/51	
24c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery		24d. LOCATION (City, town, or county) (State) Humansville, Missouri	
DATE REC'D BY LOCAL REG. Nov. 8, 1951		REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon	
25. FUNERAL DIRECTOR'S SIGNATURE Primm Funeral Home		ADDRESS Humansville, MO	

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

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Dist. File 1127-2036

Date Filed 11-16-51

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 O. H. Beckwith

Licensed Embalmer No. 3987

P. O. Address Hannansville 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.