

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38872

State File No.
Registrar's No. **10837**

FILED DEC 15 1951

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Washington b. COUNTY Pacific | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ilwaco | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital | | d. STREET ADDRESS (If rural, give location) 8460 | |

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|---|-------------------------------|---|---------------------------------------|---|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | | |
| a. (First) Russell | b. (Middle) Ray | c. (Last) Cox | Dec. 6, 1951 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Dec. 2, 1904 | 9. AGE (In years last birthday) 47 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Dairy Ranch | | 11. BIRTHPLACE (State or foreign country) Franklin, Ill. | | 12. CITIZEN OF WHAT COUNTRY? U.S. |

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| 13a. FATHER'S NAME Leslie Cox | 13b. MOTHER'S MAIDEN NAME Emma Jones | 14. NAME OF HUSBAND OR WIFE Myrtle |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME Mrs. W.A. Walker, Lafayette, Ind. |

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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 6 mos approx |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor, verified, astrocytoma 3rd ventricle. | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION 12/3/51 | 19b. MAJOR FINDINGS OF OPERATION Astrocytoma, 3rd ventricle, Brain | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., to 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? 192X |

22. I hereby certify that I attended the deceased from **Nov 29, 1951**, to **Dec 6, 1951**, that I last saw the deceased alive on **12-6, 1951**, and that death occurred at **9:50a m.**, from the causes and on the date stated above.

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|--|--|---|
| 23a. SIGNATURE Karen E. Roubae M.D. | 23b. ADDRESS 3720 Washington Ave. | 23c. DATE SIGNED 12-6-51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 12-6-51 | 24c. NAME OF CEMETERY OR CREMATORY |
| DATE REC'D BY LOCAL REG. DEC 6 1951 | REGISTRAR'S SIGNATURE J. Carl Smith, M.D. | 24d. LOCATION (City, town, or county) (State) Jacksonville, Ill. |
| 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe | | ADDRESS 4700 Washington Blvd. |

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. Wm. Dinkley

Licensed Embalmer No. _____

3657

P. O. Address _____

St. Louis 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.