

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3562

State File No.

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Marshall	
c. LENGTH OF STAY (in this place) 15 weeks		d. STREET ADDRESS (If rural, give location) 479 South English	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbons			

3. NAME OF DECEASED (Type or Print) a. (First) Maude b. (Middle) Bell c. (Last) Cox			4. DATE OF DEATH (Month) (Day) (Year) Feb. 2 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 14-1890	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 0 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tenant At State School-Ret.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Marshall, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Samuel G. Cox	13b. MOTHER'S MAIDEN NAME Martha Ellen Price	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 491-36-9434	17. INFORMANT'S SIGNATURE OR NAME Raymond Cox-Marshall, Missouri	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma both lungs		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary Carcinoma caecum 5 yrs ago resected DUE TO (c) Hypertension		
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 153X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Apr 15, 1951**, to **Feb 2, 1952**, that I last saw the deceased alive on **Jan 2, 1952**, and that death occurred at **9:40** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS [Address]	23c. DATE SIGNED 2/4/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/5/52	24c. NAME OF CEMETERY OR CREMATORY Ridge Park	24d. LOCATION (City, town, or county) (State) Marshall, Missouri
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DATE REC'D BY LOCAL REG. Feb. 4-1952	REGISTRAR'S SIGNATURE [Signature] 385	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Marshall, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1972

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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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J. Leola Swamy

Licensed Embalmer No. 1230

P. O. Address Marshall, 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.