

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8132**
Registrar's No. **78 44**

FILED APR 7 1952

BIRTH-NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY Decatur	
b. CITY OR TOWN Bethany		c. CITY OR TOWN Davis City 8140	
c. LENGTH OF STAY (in this place) 2 yrs		d. STREET ADDRESS (If rural, give location) 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lacey Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Edna b. (Middle) Jane c. (Last) Cox	4. DATE OF DEATH (Month) (Day) (Year) 3 28 1952
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2 October 6, 1859	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 14 HRS. Hours	IF UNDER 14 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Alexander Downey	13b. MOTHER'S MAIDEN NAME Gorelda Neitzel	14. NAME OF HUSBAND OR WIFE Thomas L. Cox
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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. none	17. INFORMANT'S SIGNATURE OR NAME Osther Z. Cox	ADDRESS Davis City
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General debilitation DUE TO (c) Generalized arteriosclerosis		2 years 10 years
II. OTHER SIGNIFICANT CONDITIONS ¹ Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of vulva		6 mos.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500H	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **7-16**, 19**51**, to **3-28**, 19**52**, that I last saw the deceased alive on **3-28**, 19**52**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leonard R. Lee, M.D.	23b. ADDRESS Bethany, Mo	23c. DATE SIGNED 4-2-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 30, 1952	24c. NAME OF CEMETERY OR CREMATORY Bethel	24d. LOCATION (City, town, or county) (State) Decatur Co. Iowa
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DATE REC'D BY LOCAL REG. 4/2/52	REGISTRAR'S SIGNATURE Zola Burris	25. FUNERAL DIRECTOR'S SIGNATURE Frank Slade	ADDRESS Leon, Iowa
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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 _____

me

Student Embalmer No. 4451

working under my personal supervision.

Student
Student Embalmer

Signed *Frank Slide*

Licensed Embalmer No. 4451

P. O. Address Leah, Iowa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.