

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED APR 12 1952

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5675 Registrar's No. 11

0570
1

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

1. PLACE OF DEATH a. COUNTY LINCOLN---At Home		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, write RURAL and give town) OR RURAL--HURRICANE		c. CITY (If outside corporate limits, write RURAL and give township) OR New Hope--RURAL**HURRICANE	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) RESPINO	c. (Last) COX	4. DATE OF DEATH (Month) (Day) (Year) March 18 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan-20-1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 1 Days 28	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Cox	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ada Stone Cox, Elsberry
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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 ADDRESS Mrs. Ada Stone Cox, Elsberry, Mo.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease 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 4200	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) (Minute)	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 2-10, 1950, to 3-18, 1952, that I last saw the deceased alive on 3-18, 1952, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE Robert M. Hill, D.O. (Degree or title)	23b. ADDRESS Elsberry, Mo.	23c. DATE SIGNED 3-20-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 3/20/52	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Elsberry, Missouri
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DATE REC'D BY LOCAL REG. 4/10/52	REGISTRAR'S SIGNATURE Mrs. Clarence Sweeney	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifton Miller Elsberry, Mo
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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~~ Mar 19-195

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elkton, Md

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.