

STANDARD CERTIFICATE OF DEATH

State File No. 13632

0690

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

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARIS</u> <u>0690</u>	
c. LENGTH OF STAY (in this place) <u>16 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>N. WASHINGTON ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N. WASHINGTON ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAJOR</u>		b. (Middle) _____ c. (Last) <u>COX</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 19, 1952</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>FEB. 23 1883</u>
9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days <u>1</u>	IF UNDER 24 HRS. Hours _____ Min. <u>24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Wrecking Business</u>	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM COX</u>		13b. MOTHER'S MAIDEN NAME <u>SALLIE PERKINS FOSTELLE COX</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. MAJOR COX, PARIS, MO.</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardiac decompensation</u> (c) <u>constriction of stomach</u> 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 _____	
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.) <u>151X</u>	
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 <u>Nov</u> , 19 <u>40</u> , to <u>April</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>April 19, 1952</u> , and that death occurred at <u>11:40 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Medis E. Christman D.O.</u> (Degree or title)		23b. ADDRESS <u>PARIS, MO.</u>	
23c. DATE SIGNED <u>4-18-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL 1)</u>		24b. DATE <u>4-21-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MAPLEWOOD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CLARANCE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-19-52</u>		REGISTRAR'S SIGNATURE <u>F.A. Barnett, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed & Blakey,</u>		ADDRESS <u>PARIS, MISSOURI</u>	

MISSOURI

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 E. H. Dignow

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.