

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23419

State File No.

JUL 7 1952

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>83</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Waverly</u>		c. LENGTH OF STAY (in this place) <u>6-3-52</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sarego Mo 1490</u>		d. STREET ADDRESS (If rural, give locality) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>				d. STREET ADDRESS (If rural, give locality) <u>1</u>			
3. NAME OF DECEASED (Type or Print) <u>Orilla Cox</u>			4. DATE OF DEATH <u>6-28-52</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid</u>		8. DATE OF BIRTH <u>8-12-74</u>	
9. AGE (In years, Months, Days) <u>77 10 16</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Andover Kan</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wm R Rison</u>		13b. MOTHER'S MAIDEN NAME <u>Melissa Bishop</u>		14. NAME OF HUSBAND OR WIFE <u>Wid</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records</u> ADDRESS _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile, deterioration</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>✓</u>					
		DUE TO (c) <u>Heart exhaustion</u>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>108</u>				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.)		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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>3-21-1944</u> , to <u>6-28-1952</u> , that I last saw the deceased alive on <u>6-27-1952</u> , and that death occurred at <u>8A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. G. Hall</u> (Inscribed or title)				23b. ADDRESS <u>Mo Jasper Mo</u>		23c. DATE SIGNED <u>6-28-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-30-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sarego Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Sarego Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-30-52</u>		REGISTRAR'S SIGNATURE <u>Uma S Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson & Sons Sarego Mo</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

280
2

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.

working under my personal supervision.

Student
Student Embalmer

Signed Wm H. Jackson

Licensed Embalmer No. 3954

P. O. Address Parouxi mi

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.