

STANDARD CERTIFICATE OF DEATH

State File No. 25002

U.S. No. 300
v. 10.48
AUG 10 1952

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 237

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> <u>0570</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u> <u>0571</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Bedford Twp)</u>		c. LENGTH OF STAY (In this place) <u>1 hr.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Troy</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Cuivre River</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Emmett</u>	b. (Middle) <u>D.</u>	c. (Last) <u>Cox</u>	(Month) <u>July</u>	(Day) <u>31</u>	(Year) <u>1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 21, 1915</u>	9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>Machine Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Woodworking</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Claude Cox</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Blair</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie Norton Cox</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WW II</u>	16. SOCIAL SECURITY NO. <u>498-07-4438</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Jessie N. Cox Troy, Missouri</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Accidental Drowning in Cuivre River</u>		
	ANTECEDENT CAUSES <u>While Fishing</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>E9298</u> <u>42</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>57</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In River</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bedford Twp Lincoln Missouri</u>
21d. TIME OF INJURY <u>7/31/52 5:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ellis Egan</u>	23b. ADDRESS <u>Troy, Mo.</u>	23c. DATE SIGNED <u>7/31/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/3/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sulphur Lick Ce.</u>
		24d. LOCATION (City, town, or county) (State) <u>Lincoln Co, Missouri</u>

DATE REC'D BY LOCAL REG. <u>Aug 7-1952</u>	REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kemper Funeral Home Troy, Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 1 1952

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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, of XX

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address Troy, 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.