S. No. 300
Rev. 10-48

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26839

BIRTH NO. _____ REG. DIST. NO. 3333074 PRIMARY REG. DIST. NO. 3074 Registrar's No. 162

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

1. PLACE OF DEATH
a. COUNTY: Scott 1003
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place): ~~10~~
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott 1003
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
d. STREET ADDRESS (If rural, give location): Airport Addition

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): M.
c. (Last): Cox

4. DATE OF DEATH (Month) (Day) (Year): 7 - 31 - 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-18-1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 6 Days 13 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self.
11. BIRTHPLACE (City and State or Foreign Country): Monroe Co. Miss.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Cox
13b. MOTHER'S MAIDEN NAME: Nancy Jane?
14. NAME OF HUSBAND OR WIFE: Gavia Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 0
17. INFORMANT'S SIGNATURE OR NAME: Gavia Cox - Airport Sikeston, Mo. ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis Chronica

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hemiplegia Arteriosclerosis
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 334X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 1938, *to* _____, 1952, *that I last saw the deceased alive on* May, 1952 *and that death occurred at* 4:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank L. Bisson Jr. D.C.
23b. ADDRESS: Sikeston Mo
23c. DATE SIGNED: 8-8-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 2-52
24c. NAME OF CEMETERY OR CREMATORY: Miner Switch
24d. LOCATION (City, town, or county) (State): Miner Switch - Mo

DATE REC'D BY LOCAL REG.: 8-9-52
REGISTRAR'S SIGNATURE: Mrs. Ella Hunter 429
25. FUNERAL DIRECTOR'S SIGNATURE: Orville Taylor ADDRESS: Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 11 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 852-242

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 J. Elgin McMahl

Licensed Embalmer No. 4695

P. O. Address E. Prairie Mo

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.