

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32424

State File No.

FILED OCT 14 1952

BIRTH NO.		REG. DIST. NO. <u>264</u>		PRIMARY REG. DIST. NO. <u>4395</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Baxter</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gainesville</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn Home</u>		ED 30	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Cleo</u>		a. (First)		b. (Middle) <u>Laverne</u>		c. (Last) <u>Cox</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2 1952</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>Sept. 26, 1935</u>		9. AGE (In years last birthday) <u>17</u>		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>High school pupil</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>W C Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Chandler</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
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. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W C Cox</u>		ADDRESS <u>Mtn Home Ark.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Skull Fracture</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Crushing Chest injuries</u> DUE TO (c) <u>Instinct</u>				INTERVAL BETWEEN ONSET AND 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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hldg., etc.) <u>Highway 80</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Gainesville Ozark Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 2 1952 9pm</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car Wash</u>				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 <u>9:00 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Gen. A Rose</u>		(Degree or title) <u>Acting Coroner</u>		23b. ADDRESS <u>Gainesville Mo.</u>		23c. DATE SIGNED <u>Oct. 9 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct. 4, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Quality Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Baxter Co. Ark.</u>	
DATE REC'D BY LOCAL REG. <u>10-11-52</u>		REGISTRAR'S SIGNATURE <u>Shava Mahan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur Bruce</u>		ADDRESS <u>Mtn Home, Ark.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0776
3

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 Arthur Bruce

Licensed Embalmer No. 4723

P. O. Address 57th Home Ave.

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.