

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10210**

FILED MAR 19 1953

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5569** Registrar's No. **102**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Rural (Brooking)		c. LENGTH OF STAY (In this place) 30 da	
d. FULL NAME OF HOSPITAL OR INSTITUTION 76th & Harrison Road		c. CITY (If outside corporate limits, write RURAL and give township) Rural (Brooking) 7000	
		d. STREET ADDRESS (If rural, give location) 76th & Harrison Road	

3. NAME OF DECEASED (Type or Print) a. (First) Izora	b. (Middle) Florence	c. (Last) Cox	4. DATE OF DEATH (Month) (Day) (Year) Mar, 7, 1953.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 22, 1856	9. AGE (In years last birthday) Months Days 96 6 15	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXX	11. BIRTHPLACE (State or foreign country) Miami County, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John West	13b. MOTHER'S MAIDEN NAME Nancy Ann Flathers	14. NAME OF HUSBAND OR WIFE Wm. Washington Cox
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. XXXXXXX	17. INFORMANT'S SIGNATURE AND ADDRESS Mrs. Joe Clifton, Kansas City 3E. Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident (thrombus)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) Generalized arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **11-1**, 19**52**, to **3-6**, 19**53**, that I last saw the deceased alive on **3-6**, 19**53**, and that death occurred at **4:40 A.M.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Jess D. Green, Jr. M.D.	23b. ADDRESS Raytown, Mo.	23c. DATE SIGNED 3-7-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 9 1953	24c. NAME OF CEMETERY OR CREMATORY Brooking Cemetery	24d. LOCATION (City, town, or county) (State) Jackson Co. Missouri
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DATE REC'D BY LOCAL REG. 3-9-53	REGISTRAR'S SIGNATURE Jess D. Green, Jr.	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Blair Huger Raytown, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Edmund Hegeck.....

Licensed Embalmer No. 3983.....

P. O. Address Raytown, 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.