

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **14915**

FILED MAY 7 1953

BIRTH NO. _____ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **544**

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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) | |
| a. COUNTY Linn | b. CITY (If outside corporate limits, write RURAL and give township) Marceline | a. STATE Mo. | b. COUNTY Chariton |
| c. LENGTH OF STAY (In this place) 17 days | | c. CITY (If outside corporate limits, write RURAL and give township) Mendon MO. 0210 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) St. Francis Hospital | | d. STREET ADDRESS (If rural, give location) Mendon, Mo. | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) David | b. (Middle) Abair | c. (Last) Cox | 4. DATE OF DEATH (Month) (Day) (Year) Mar. 21, 1953 |
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|---|---|--|---|---|--------------------------------------|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3 | 8. DATE OF BIRTH 9/25/1876 | 9. AGE (In years last birthday) 76 | 10. CITIZENSHIP USA |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 10b. KIND OF BUSINESS OR INDUSTRY farmer | | 11. BIRTHPLACE (City and State or Foreign Country) Chariton Co., Mo. | 12. CITIZENSHIP USA |

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| 13a. FATHER'S NAME James Cox | 13b. MOTHER'S MAIDEN NAME Harriette Ann Lucky | 14. NAME OF HUSBAND OR WIFE |
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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. No | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Jewell Johnson, Kansas City, Mo. | ADDRESS Kansas City, 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH UNK |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROSIS, generalized c | | |
| | ANCECEDENT CAUSES ENCEPHALOMALACIA | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) 332x |
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| | | |
|---|---|-----------------------------------|
| 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? |
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22. I hereby certify that I attended the deceased from JUNE 1952, to MAR. 21, 1953, that I last saw the deceased alive on MAR 21, 1953, and that death occurred at 8:00 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE Paul T. Berry MD. | (Degree or title) | 23b. ADDRESS Marceline Mo | 23c. DATE SIGNED 3-22-53 |
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|---|--------------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3/24/1953 | 24c. NAME OF CEMETERY OR CREMATORY Siloam Chapel | 24d. LOCATION (City, town, or county) (State) Near Mendon, Mo. |
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| DATE REC'D BY LOCAL REG. 3-24-53 | REGISTRAR'S SIGNATURE Mary Jane Owens | 25. FUNERAL DIRECTOR'S SIGNATURE James McLaughlin | ADDRESS Marceline, Mo |
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(Licensed Embalmer's Statement on Reverse Side)

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

581

JAN 23 1958

DEC 17 1951

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 X

Student Embalmer No. X

working under my personal supervision.

Student X
Student Embalmer

Signed George W. Darrall

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.