

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

**17968**

State File No. ....

**2493**

**FILED JUN 3 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>46 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>		d. STREET ADDRESS (If rural, give location) <u>1517 Lydia Avenue</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Marvin</u> b. (Middle) _____ c. (Last) <u>Cox</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>5 9 1953</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Divorced</u>	<b>8. DATE OF BIRTH</b> <u>Nov. 23 1907</u>		<b>9. AGE</b> (In years last birthday) <u>46</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Argentine, Kansas /</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>

<b>13a. FATHER'S NAME</b> <u>Ebb Cox</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Lucinda Gentry</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Merlene Cox</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Ernest Gentry</u> <b>ADDRESS</b> <u>1329 E. 16th Terr.</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p>		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Hypertensive Heart Disease with Decompensation. Uremia.</u>			443X
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>		

**22. I hereby certify that I attended the deceased from** 4-2-53, 19  , to 5-9-53, 19  , that I last saw the deceased alive on 5-9-53, 19  , and that death occurred at 10:45p m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>E. Frank Ellis</u> (Degree or title) <u>MD</u>		<b>23b. ADDRESS</b> <u>600 East 22nd Street</u>		<b>23c. DATE SIGNED</b> <u>5-12-53</u>	
<b>24a. BURIAL CREMATION REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>5-15-53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Maple Hill</u>	
		<b>24d. LOCATION</b> (City, town, or county) <u>Kansas City, Kans.</u>		(State) _____	

<b>DATE REC'D BY LOCAL REG.</b> <u>5-15-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Heraldine Smith</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Manlove &amp; Williams</u> <b>ADDRESS</b> <u>1729 Lytle</u>	
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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, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. J. Tuerlauer

Licensed Embalmer No. 3994

P. O. Address 2503 High

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.