No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19115

State File No.

FILED MAY 18 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 172

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN Farmington Rural St. Francois
c. LENGTH OF STAY (In this place) 16Y;5M;3Das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri State Hospital No.4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri
b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Flat River 0942
d. STREET ADDRESS (If rural, give location) U

3. NAME OF DECEASED (Type or Print)
a. (First) NELLIE
b. (Middle)
c. (Last) COX

4. DATE OF DEATH (Month) (Day) (Year) May 11, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH June 9,1867
9. AGE (In years last birthday) 85 — If under 1 year: Months 11, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife and practical
10b. KIND OF BUSINESS OR INDUSTRY nursing.
11. BIRTHPLACE (City and State or Foreign Country) Thayer, Missouri U
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Quay
13b. MOTHER'S MAIDEN NAME Mary
14. NAME OF HUSBAND OR WIFE Jess Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS Records, State Hospital No.4, Farmington, Mo.

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) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease — Unknown.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Psychosis with cerebral arteriosclerosis.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4200
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* Oct. 24, *19* 51, *to* May 11, *19* 53, *that I last saw the deceased alive on* May 11, *19* 53, *and that death occurred at* 5:15P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John C. Brennan MD
23b. ADDRESS State Hospital No. 4, Farmington, Mo.
23c. DATE SIGNED 5-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5-14-53
24c. NAME OF CEMETERY OR CREMATORY Washington Univ. Anat. Dept.
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. May 11, 1953
REGISTRAR'S SIGNATURE Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS Miller Funeral Home, Farmington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. Not embalmed

Student ———
Student Embalmer

Signed [signature]

Licensed Embalmer No. 4120

P. O. Address Farmington Me

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.