

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20457

State File No. _____

S. No. 300
v. 10.48

FILED JUN 8 1953

1030
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>338</u>		PRIMARY REG. DIST. NO. <u>4501</u>		Registrar's No. <u>14</u>				
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Stoddard</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bloomfield</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pike</u>		<u>1030</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Tate Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>Bloomfield Mo. Route # 1</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>S.</u>		c. (Last) <u>COX</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 26, 53</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 23, 1856</u>		9. AGE (In years last birthday) <u>97</u>	10. MONTHS <u>4</u>	11. DAYS <u>3</u>	12. IF UNDER 18 HOURS <u></u>	13. IF UNDER 18 MIN. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Crop farming</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		
13a. FATHER'S NAME <u>Not known</u>			13b. MOTHER'S MAIDEN NAME <u>not known</u>			14. NAME OF HUSBAND OR WIFE <u>Betty E. Cox</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Chas. Phillips, Bloomfield, Mo. R.</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>Myocardial infarction</u> ANTECEDENT CAUSES <u>General arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>2 hr.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR						
22. I hereby certify that I attended the deceased from <u>4-2-1953</u> to <u>5-26-1953</u> , that I last saw the deceased alive on <u>5-15-1953</u> , and that death occurred at <u>2:45 p.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>S. S. Davis M.D.</u>				23b. ADDRESS <u>Dexter Mo.</u>				23c. DATE SIGNED <u>5/28/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 28-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard Co. Missouri</u>				
DATE REC'D BY LOCAL REG. <u>June 2-1953</u>		REGISTRAR'S SIGNATURE <u>Rose Webb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CHILES, UND. CO.</u>		ADDRESS <u>Bloomfield, Mo.</u>				

(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 L. L. L.

Cooper # 3499.

~~Student Embalmer No.~~

~~working under my personal supervision.~~

Student

~~Student Embalmer~~

Signed

Juan B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.