No. 300
10.48

592
0

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22145

State File No.

BIRTH NO. FILED JUL 6 - 1953 REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe, Mo.
c. LENGTH OF STAY (In this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chillicothe Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nettleton (Rural) 0130
d. STREET ADDRESS (If rural, give location): 2 mi. north Nettleton

3. NAME OF DECEASED (Type or Print)
a. (First): Ardie
b. (Middle): C.
c. (Last): Cox

4. DATE OF DEATH (Month) (Day) (Year): June 30, 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 12, 1876
9. AGE (In years last birthday): 76 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

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

13a. FATHER'S NAME: Jacob Muller
13b. MOTHER'S MAIDEN NAME: Mary Tuggle
14. NAME OF HUSBAND OR WIFE: Henry O. Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X
(If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Frances Clarkson — **ADDRESS**: Nettleton, 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 Renal Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 day
Small Bowel Perforation
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intestinal Obstruction — 3 wks.
DUE TO (c) Calculus in Small Bowel — 3 wks.

II. OTHER SIGNIFICANT CONDITIONS: Umbilical Hernia - 5705 — 20 yrs.
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 26 June 53
19b. MAJOR FINDINGS OF OPERATION: Small Bowel Perforation Intestinal obstruction.
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* 17 June, 1953, *to* 30 June, 1953, *that I last saw the deceased alive on* 30 June, 1953, *and that death occurred at* 11:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or Title): MD
23b. ADDRESS: Chillicothe Mo
23c. DATE SIGNED: 1 July 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 2 - 1953
24c. NAME OF CEMETERY OR CREMATORY: Lickfork Cemetery
24d. LOCATION (City, town, or county) (State): Daviess Co., Mo.

DATE REC'D BY LOCAL REG.: 7-2-53
REGISTRAR'S SIGNATURE: Frances B. Neill
25. FUNERAL DIRECTOR'S SIGNATURE: Brum Funeral Home — **ADDRESS**: Hamilton, 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 Me

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

working under my personal supervision.

Student .....
Student Embalmer

Signed Morris A. Brown

Licensed Embalmer No. 3918

P. O. Address Hamilton, 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.