

m.o. No. 300 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23740

FILED JUN 22 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 38

140  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn Grove Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn Grove, Mo</u>	
c. LENGTH OF STAY (in this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>South Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Main</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Moses</u> b. (Middle) <u>Lock</u> c. (Last) <u>Cox</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 21 1953</u>		
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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 13 1870</u>		9. AGE (In years last birthday) <u>83</u>		10. UNDER 1 YEAR Days <u>4</u> Hours <u>8</u>		11. UNDER 1 MIN. Hours <u>9</u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Denlow Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>Jess Cox</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Alsop</u>			14. NAME OF HUSBAND OR WIFE <u>Etta Hodge</u>		
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Georgia Woods</u> ADDRESS <u>Mtn Grove Mo</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis Chronic</u> ANTECEDENT CAUSES <u>Cardio Renal Syndrome</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>Not known</u> <u>Max 1 year</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>						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)			
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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?					
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22. I hereby certify that I attended the deceased from 5-10-1953 to 5-21-1953, that I last saw the deceased alive on 5-20-1953, and that death occurred at 11:05 PM., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Mountain View Mo</u>			23c. DATE SIGNED <u>6-5-53</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 26 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DENLOW</u>		24d. LOCATION (City, town, or county) (State) <u>Douglas Co. Mo</u>			
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DATE REC'D BY LOCAL REG. <u>6-10-53</u>		REGISTRAR'S SIGNATURE <u>A.B. Amer</u>		348-1		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber Funeral Home, Mtn Grove, Mo</u> ADDRESS			
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RECEIVED JUN 16 1953  
WRIGHT CO. HEALTH DEPT.  
County File Number 653-88  
Date Filed 6-20-53

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 R.W. Barber

Licensed Embalmer No. 3848

P. O. Address Mt. Grove, Pa.

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.