

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

25752

FILED JUL 21 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 60

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Newton</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>Newton</u>
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>	c. LENGTH OF STAY (in this place) <u>10 Months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u> <span style="float:right">0702</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sales Memorial Hosp</u>	d. STREET ADDRESS (If rural, give location) <u>1010 North College</u>		

3. NAME OF DECEASED (Type or Print) <u>Frank</u>	a. (First) <u>Frank</u>	b. (Middle) <u>Cox</u>	c. (Last) <u>Cox</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 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>May 17, 1892</u>	9. AGE (In years last birthday) <u>61</u>	10. MONTHS <u>1</u>	11. DAYS <u>16</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rancher</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Orangeville Utah</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Edwin Cox</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Reid</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Cox</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>Edna Cox</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	<u>Malignancy of stomach with metastatic lesions to the chest and skull</u>	<u>Unknown</u>
ANTECEDENT CAUSES	DUE TO (b) <u>Uremia</u>	<u>Unknown</u>
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS	<u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>151X</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)
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 July 3, 1953, to July 3, 1953, that I last saw the deceased alive on July 3, 1953, and that death occurred at 10:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Melvin P. Bowman M.D.</u>	23b. ADDRESS <u>Neosho, Missouri</u>	23c. DATE SIGNED <u>7-9-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7.6. 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Neosho, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-9-53</u>	REGISTRAR'S SIGNATURE <u>Melvin P. Bowman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark-Bigham Mortuary</u>	ADDRESS <u>Neosho</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_

District File Number 753-135

Date Filed 7-13-53

NEOSHO, MISSOURI

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 Jesse O. Sullivan, Jr.  
Licensed Embalmer No. 4646

P. O. Address Neosho, Mo.

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

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