

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29085**

No. 300
10.48

ORIGINAL

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FILED AUG 26 1953

REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5580

Registrar's No. _____

490

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waco, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waco	
d. FULL NAME OF HOSPITAL OR INSTITUTION Waco		d. STREET ADDRESS (If rural, give location) 2001 - 30th	
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Etta	
c. (Last) Cox		4. DATE OF DEATH (Month) (Day) (Year) July 20 53	
5. SEX F.	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 11, 1875
9. AGE (In years last birthday) 77		10. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Brown Co., Ill.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Wilson Elliott		13b. MOTHER'S MAIDEN NAME Marie Elliott	
14. NAME OF HUSBAND OR WIFE W. W. Cox		14. NAME OF HUSBAND OR WIFE Waco, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME W. W. Cox		ADDRESS _____	
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) Acute Medullary Failure ANTECEDENT CAUSES Congestive Heart Failure 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4341	
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 Aug 20, 1948 to July 20, 1953 , that I last saw the deceased alive on July 19, 1953 , and that death occurred at 6:24 a.m. from the causes and on the date stated above.			
23a. SIGNATURE J. Stebbins (Degree and title)		23b. ADDRESS Osborne Mo.	
23c. DATE SIGNED 7/21/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 22 July 53	
24c. NAME OF CEMETERY OR CREMATORY Waco Cemetery		24d. LOCATION (City, town, or county) (State) Waco, Missouri	
25. FUNERAL DIRECTOR'S SIGNATURE Ed S. James		ADDRESS Sharp & Seever, Jasper, Mo.	
DATE REC'D BY LOCAL REG. 8-18-53		by Salazar, Lempkins D.C. By Lawrence D. Alder	

(Licensed Embalmer's Statement on Reverse Side)

AUG 24 1953

Health Office

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AUG 24 1953

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 Lawson D. Sharp

Licensed Embalmer No. 4922

P. O. Address Jaipur, 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.