

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

32135

FILED SEP 21 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 413

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY LABETTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARSONS	
c. LENGTH OF STAY (in this place) 1 week		d. STREET ADDRESS (If rural, give location) 1727 GABRIEL	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOHN'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) GLEN b. (Middle) KENNETH c. (Last) COX			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 9, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 10, 1912	9. AGE (In years) 41	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Mo-Kan-Texas Railroad		11. BIRTHPLACE (State or foreign country) PARSONS, KANSAS	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME LEE EDWARD COX		13b. MOTHER'S MAIDEN NAME MINNIE PELL		14. NAME OF HUSBAND OR WIFE MRS. COX	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 511-09-3976		17. INFORMANT'S SIGNATURE OR NAME Mrs. GLEN COX ADDRESS 1727 Gabriel, Parsons, Kan.	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE MEDIASTINITIS			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) CRUSH INJURY CHEST WITH LEFT			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		DUE TO (c) HEMOPNEUMOTHORAX AND FRACTURE WOUND LT. LUNG.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E9027 45		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Union Hotel		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) JOPLIN JASPER MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-3-53		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? UNION HOTEL, JOPLIN, MO. FELL FROM WINDOW	

22. I hereby certify that I attended the deceased from 9-3-, 1953, to 9-9-, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____		23b. ADDRESS [Signature]		23c. DATE SIGNED 9-12-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 9-9-53		24c. NAME OF CEMETERY OR CREMATORY PARSONS, KANSAS	
24d. LOCATION (City, town, or county) (State) PARSONS, KANSAS					

DATE REC'D BY LOCAL REG. 9-15-53		REGISTRAR'S SIGNATURE [Signature] 138		25. FUNERAL DIRECTOR'S SIGNATURE Steve Parker Mortuary, Joplin, Mo. ADDRESS _____	
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 22 1958

SEP 5 1958

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *F. M. Jones*

Signed.....
Student Embalmer

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.