

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42321

State File No. _____

FILED JAN 4 1954

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Keytesville, Twp.</u>	c. LENGTH OF STAY (in this place) <u>3-Weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keytesville, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2-Miles S. of Keytesville</u>		d. STREET ADDRESS (If rural, give location) <u>202-Ash St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>-----</u> c. (Last) <u>Cox</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25th, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 16th, 1873</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 2 HRS. Hours <u>9</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Samuel Lancaster</u>	13b. MOTHER'S MAIDEN NAME <u>Lydia Needham</u>	14. NAME OF HUSBAND OR WIFE <u>Oliver Cox</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Webb</u>	ADDRESS <u>Keytesville, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>	DUE TO (b) <u>Carcinoma of the breast</u>	<u>1 day</u> <u>5 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>		<u>10 years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>170X</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 1/25, 1952 to 12/25, 1953, that I last saw the deceased alive on 12/25, 1953, and that death occurred at 12:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Keytesville, Mo.</u>	23c. DATE SIGNED <u>12-26-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 27th, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Asbury</u>	24d. LOCATION (City, town, or county) (State) <u>Chariton County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/28/53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>55</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Keytesville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

JAN 28 1954

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.

H. D. Gammitt

Student

Signed _____

Student Embalmer

Licensed Embalmer No. *3046*

P. O. Address *Key West Fla*

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.