

STANDARD CERTIFICATE OF DEATH

State File No. **43576**

FILED DEC 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **134**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Macon</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Macon</b> c. LENGTH OF STAY (In this place) <b>10 days</b> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Samaritan Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maud Missouri</b> d. STREET ADDRESS (If rural, give location) <b>None</b>	
<b>3. NAME OF DECEASED</b> a. (First) <b>Elmer</b> b. (Middle) <b>E.</b> c. (Last) <b>Cox</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>11-16-1953</b>
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>12-15-1871</b>
<b>9. AGE</b> (In years last birthday) <b>81</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Merchant</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Grocery Business</b>
<b>11. BIRTHPLACE</b> (State or foreign country) <b>Macon County, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Frank Cox</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Hannah Tedford</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mrs. Mary G. Cox</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>X</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Mary G. Cox</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Arterial Fibrillation</b> <b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 mo.</b>	
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>DUE TO (b)</b> <b>Myocarditis</b> <b>1 yr.</b>	
<b>DUE TO (c)</b> <b>Asthma + Kidney Insufficiency</b> <b>1 yr.</b>		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>age - - allergy</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>241X</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>Oct 29</u>, 19<u>53</u> to <u>Nov 15</u>, 19<u>53</u>, that I last saw the deceased alive on <u>Nov 15</u>, 19<u>53</u>, and that death occurred at _____ m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>W. E. Eggleston M.D.</b>		<b>23b. ADDRESS</b> <b>Macon, Mo</b>	
<b>23c. DATE SIGNED</b> <b>18 Nov 53</b>		<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	
<b>24b. DATE</b> <b>11-18-1953</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Fair View</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Cox Postoffice, Missouri</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Barkelaw &amp; Hawkins Clarence, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>11/23/53</b>		<b>REGISTRAR'S SIGNATURE</b> <b>185 Ruth M. ...</b>	

RECEIVED  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 12. 9. 53  
Date Filed 12. 10. 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

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*James D. Davis*

Licensed Embalmer No. 4478

P. O. Address *Shelby, 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.