

FILED DEC 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43812
Registrar's No. 126

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3057

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

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Salem Twp.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Esther	b. (Middle) M.	c. (Last) Cox	4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 19, 1895	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cape Girardeau, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ferdinand Mantz	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE August Cox
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME August Cox	ADDRESS Menfro Rt 1, Mo.
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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 1.0 Months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma jeteru		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Operated. 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	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Mar 1953**, to **Dec 23, 1953**, that I last saw the deceased alive on **Dec 21, 1953**, and that death occurred at **5:27 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. M. Weedman	23b. ADDRESS Do 2 Perryville Mo	23c. DATE SIGNED 12/24/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 25, 1953	24c. NAME OF CEMETERY OR CREMATORY Baptist Cemetery	24d. LOCATION (City, town, or county) (State) Crosstown, Missouri
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DATE REC'D BY LOCAL REG. Dec 24-53	REGISTRAR'S SIGNATURE Joe J. Zollner	25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perryville Mo.	ADDRESS
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JUN 4 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

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working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, 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.