

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **637**

FILED FEB 8 1954

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAMORETOWN	
c. LENGTH OF STAY (In this place) 1 DAY		d. STREET ADDRESS (If rural, give location) 411 West Cornhill	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) Wilmer b. (Middle) MARVIN c. (Last) Cox		4. DATE OF DEATH (Month) (Day) (Year) 1 27 54	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec 27 1874
9. AGE (In years last birthday) 79		11. BIRTHPLACE (City and State or Foreign Country) Unknown	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Man		10b. KIND OF BUSINESS OR INDUSTRY Retired Schoolman	
11. CITIZEN OF WHAT COUNTRY? USA		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME ✓	13b. MOTHER'S MAIDEN NAME Whiddy	14. NAME OF HUSBAND OR WIFE Alice Cox
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes	16. SOCIAL SECURITY NO. 257-36-7875	17. INFORMANT'S SIGNATURE OR NAME Alice Cox Cameron ADDRESS 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 16 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis		
	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **1-26**, 1954, to **1-27**, 1954, that I last saw the deceased alive on **1-26**, 1954, and that death occurred at **5:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Vetterton MD	23b. ADDRESS Cameron Mo	23c. DATE SIGNED 1-27-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 29-54	24c. NAME OF CEMETERY OR CREMATORY Graceland	24d. LOCATION (City, town, or county) (State) Cameron Mo
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DATE REC'D BY LOCAL REG. 2-1-54	REGISTRAR'S SIGNATURE Winifred W. Mosler	25. FUNERAL DIRECTOR'S SIGNATURE Poland Funeral Home ADDRESS Cameron Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1951
7-4-51

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 Robert F. Polard

Licensed Embalmer No. 4777 etc etc

P. O. Address Lawson 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.