

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3657

State File No.

FILED FEB 5 1954

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Scott</u> <u>1003</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. LENGTH OF STAY (In this place) <u>2 Hours</u>	c. CITY OR TOWN <u>Catron</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0720</u> <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Morris</u> c. (Last) <u>Cox</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>17</u> <u>1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>5-29-1930</u>
9. AGE (In years last birthday) <u>23</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Madrid, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Edward Morris Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Brandon</u>	14. NAME OF HUSBAND OR WIFE <u>0</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>0</u>		16. SOCIAL SECURITY NO. <u>326-26-9878</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>V. C. Cox, Catron, Missouri</u>
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.		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Arrest - Etiology undetermined</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		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) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-17, 1954</u> , to <u>1-17, 1954</u> , that I last saw the deceased alive on <u>1-17, 1954</u> , and that death occurred at <u>2:00 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter Sargent MD</u>		23b. ADDRESS <u>Sikeston, Mo</u>	
23c. DATE SIGNED <u>1-19-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-19-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-25-54</u>		REGISTRAR'S SIGNATURE <u>Mrs Ella Lunter</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Lento Funeral Home Kennett</u>		ADDRESS <u>Kennett</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 1 1954
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 254-26

JUL 18 1954

FEB 5 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:.

Student.....
Signature of Student Embalmer

Signed *Edgar Lee Ford*

Licensed Embalmer No. 4433

P. O. Address *Kennett*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.