

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3709

FILED JAN 18 1954

6193 State File No. 4229 Registrar's No. 5

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. <u>6193</u>		Registrar's No. <u>5</u>					
1. PLACE OF DEATH a. COUNTY <u>Taney</u> <u>1060</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>									
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hollister Rural</u>			c. LENGTH OF STAY (in this place) <u>6 yrs</u>			c. CITY (If outside corporate limits, write RURAL and give township) <u>Hollister</u> <u>1060</u>			d. STREET ADDRESS (If rural, give location) <u>Rural</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>													
3. NAME OF DECEASED a. (First) <u>Andrew</u> b. (Middle) <u>Spicer</u> c. (Last) <u>Cox</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>1-13-54</u>									
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct 8-1893</u>		9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months Days		IF BROKEN IN HES. Hours Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manufacturer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture</u>		11. BIRTHPLACE (State or foreign country) <u>Memphis Tenn</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>A. J. Cox</u>				13b. MOTHER'S MAIDEN NAME <u>Katie E. Cox</u>				14. NAME OF HUSBAND OR WIFE <u>Blanche Cox</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>429-18-8487</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Blanche Cox</u>				ADDRESS <u>Hollister, MO</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, asthenia, etc. It means the disease, injury, or complication which caused death.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Throat (Larynx)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>6 Months</u>	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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) <u>1061 X</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____									
22. I hereby certify that I attended the deceased from <u>March</u> , <u>1952</u> , to <u>1-13</u> , <u>1954</u> , that I last saw the deceased alive on <u>1-13</u> , <u>1954</u> , and that death occurred at <u>10:10</u> A.M., from the causes and on the date stated above.													
23a. SIGNATURE <u>W. H. Magnus</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Branson MO</u>				23c. DATE SIGNED <u>1-13-54</u>					
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn</u>				24d. LOCATION (City, town, or county) (State) <u>Little Rock, Ark</u>					
DATE REC'D BY LOCAL REG. <u>1/16/54</u>		REGISTRAR'S SIGNATURE <u>S. E. Cogswell</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Welch</u>				ADDRESS <u>Branson MO</u>			

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

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 *Minnie L. Wheelchel*

Licensed Embalmer No. *2277*

P. O. Address *Branon 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.