

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **3918**

BIRTH NO. **FILED FEB 23 1954** REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **3004** Registrar's No. **14**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Barton		a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar	
c. LENGTH OF STAY (in this place) 8 days		d. STREET ADDRESS (If rural, give location) 1207 Cherry	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barton County Memorial Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) CATHERINE	b. (Middle) (NMI)	c. (Last) COX	4. DATE OF DEATH (Month) (Day) (Year) Feb 14 1954
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 1 1882	9. AGE (in years last birthday) 72	IF UNDER 1 YEAR Months 10 Days 13	IF UNDER 24 HRS. Hours 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 Own home	11. BIRTHPLACE (State or foreign country) Harrisonville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Samuel T. Harris	13b. MOTHER'S MAIDEN NAME Martha Sager	14. NAME OF HUSBAND OR WIFE George W. Cox
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. XXX	17. INFORMANT'S SIGNATURE OR NAME Donald Cox, Lamar, Missouri	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis & myocardial infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive, arterio-sclerotic heart disease DUE TO (c) sclerotic heart disease		
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 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2/6/54, to 2/14/54, that I last saw the deceased alive on 2/14/54, and that death occurred at 4:45p m., from the causes and on the date stated above.

23a. SIGNATURE <i>D. P. Cox</i>	(Degree or title) 128	23b. ADDRESS Lamar Mo.	23c. DATE SIGNED 2/15/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 17 1954	24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery	24d. LOCATION (City; town, or county) (State) Lamar, Missouri
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DATE REC'D BY LOCAL REG. FEB 26 1954	REGISTRAR'S SIGNATURE <i>Marie Konantz</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Konantz Funeral Home</i>	ADDRESS Lamar, Missouri
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(Licensed Embalmers' Statement on Reverse Side)

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..... *Norman L. Thompson*

Licensed Embalmer No. *4816*

P. O. Address *Lamar, 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.