

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4330

State File No. ....

FILED MAR 15 1954

BIRTH NO. .... REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence-before-admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cardwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		c. LENGTH OF STAY (In this place) <u>6 Weeks</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Community Hosp.</u>		F <sup>1</sup> . STREET ADDRESS (If rural, give location) <u>New York Twp. #230</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rebecca</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Cox</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 8, 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 12, 1867</u>
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lancing Alman</u>	
13b. MOTHER'S MAIDEN NAME <u>—</u>		14. NAME OF HUSBAND OR WIFE <u>Brown Thurston Cox</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs L.C. Maginness-Hamilton,</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</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH No. <u>Immediate</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)
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?

22. I hereby certify that I attended the deceased from Jan 21, 1954, to 3-8, 1954, that I last saw the deceased alive on 3-8-54, and that death occurred at 9 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. O. Miller M.D.</u>	23b. ADDRESS <u>Cameron, Mo</u>	23c. DATE SIGNED <u>3-10-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 10, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>7 Mi. SE of Hamilton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-11-54</u>	REGISTRAR'S SIGNATURE <u>Wimifred W. Moser</u>	390-61	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morrisa Brown Hamilton, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Morris A. Bram*.....

Licensed Embalmer No. *39*.....

P. O. Address *Harwick*.....

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.