

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7588

BIRTH NO. FILED FEB 23 1954 REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4549 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>WORTH</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WORTH</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ALLENDALE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ALLENDALE MO</u> 1130 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>allendale mo</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIOLA</u> b. (Middle) <u>VICTORIA</u> c. (Last) <u>COX</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 7 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 13 - 1878</u>
9. AGE (In years last birthday) <u>75</u>		10. UNDER 1 YEAR Months Days 11. UNDER 1 MRS. Hours Mins.	
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	
11. BIRTHPLACE (City and State or Foreign Country) <u>mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Sparks</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Nichols</u>	
14. NAME OF HUSBAND OR WIFE <u>Jeff Cox</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jeff Cox</u> ADDRESS <u>allendale 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153 X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>1948</u> , to <u>Feb 7</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Feb 3</u> , 19 <u>54</u> , and that death occurred at <u>130 pm.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Frank B. Matteson MD</u> (Degree or title)		23b. ADDRESS <u>Grant City, Mo</u>	
23c. DATE SIGNED <u>2-9-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-9-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kirk Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>allendale mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Brann</u> ADDRESS <u>Danvers mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 16 1954</u>		REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u> 345-0	

(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 *J. P. Brown*

Licensed Embalmer No. 2941

P. O. Address *Brown, 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.