

STANDARD CERTIFICATE OF DEATH

9635

State File No.

FILED MAR 31 1954

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Dike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dike</u>	
b. CITY OR TOWN <u>Louisiana</u> (If outside corporate limits, write RURAL and give township) c. DISTRICT OF STATE (if this place)		c. CITY OR TOWN <u>Louisiana</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1114 Iowa St</u>		e. STREET ADDRESS (If rural, give location) <u>1114 Iowa St</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ANNA</u>	b. (Middle) <u>MAE</u>	c. (Last) <u>COX</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 21, 1954</u>
-------------------------------------	------------------------	------------------------	----------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 10, 1922</u>	9. AGE (In years) (last birthday) <u>31</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dike Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	---

13a. FATHER'S NAME <u>PORTER WESLEY ELLIOTT</u>	13b. MOTHER'S MAIDEN NAME <u>NORA ETHEL QUATE</u>	14. NAME OF HUSBAND OR WIFE <u>FRANCIS E. COX</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-14-3124</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FRANCIS E. COX</u>	ADDRESS <u>LOUISIANA, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of uterus</u>		
	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>174 X</u>	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) _____	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 1953, to 3-21, 1954, that I last saw the deceased alive on 3-13, 1954, and that death occurred at 12:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. H. Leavelle Sr. M.D.</u> (Degree or title)	23b. ADDRESS <u>Louisiana, Mo.</u>	23c. DATE SIGNED <u>3-22-54</u>
--	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Mar. 23, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>LOUISIANA, MO</u>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>March 23, 1954</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	25. JUNEAL DIRECTOR'S SIGNATURE <u>Geo. M. Collier</u>	ADDRESS <u>Louisiana, Mo.</u>
--	--	--	-------------------------------

(Licensed Embalmer's 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.....
Signature of Student Embalmer

Signed *Geo. M. Collier*.....

Licensed Embalmer No. *383*.....

P. O. Address *Louisa*.....

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.