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FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13038**

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 4450		Registrar's No. 445			
1. PLACE OF DEATH a. COUNTY Ripley				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ripley					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Doniphan		c. LENGTH OF STAY (in this place) 11 days		c. CITY OR TOWN Doniphan		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 Doniphan Hospital				f. STREET ADDRESS (If rural, give location) 8 miles N E of Doniphan					
3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) _____ c. (Last) Cox			4. DATE OF DEATH (Month) (Day) (Year) April 16, 1954						
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never Married		8. DATE OF BIRTH Feb. 17, 1881			
9. AGE (In years last birthday) 73		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never Married		11. BIRTHPLACE (City and State or Foreign Country) Parcola Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Stock farm		11. BIRTHPLACE (City and State or Foreign Country) Parcola Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Solon Cox.			13b. MOTHER'S MAIDEN NAME Mary Asbell			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jess Cox Doniphan, Mo. Rt 2					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bacteremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) prostatic infection DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis + Senility				INTERVAL BETWEEN ONSET AND DEATH 6 days 3 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 611X				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 4/4 , 19 54 , to 4/16 , 19 54 , that I last saw the deceased alive on 4/16 , 19 54 , and that death occurred at 4:30 am. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Frank Johnson M.D.				23b. ADDRESS Doniphan Mo		23c. DATE SIGNED 4/16/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 16, 1954		24c. NAME OF CEMETERY OR CREMATORY Bethany Cem -		24d. LOCATION (City, town, or county) (State) Ripley Co. Mo.			
DATE REC'D BY LOCAL REG. 4-16-54		REGISTRAR'S SIGNATURE CR Johnston		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gish Funeral Home Naylor, Mo.					

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 *Suzanne McCord*.....

Licensed Embalmer No. *402*

P. O. Address *May, Kan.*

**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.**