

No. 500
10. 48

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21897

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN <u>Warrenton</u>		c. CITY OR TOWN <u>RURAL HURRICANE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Home, Warrenton</u>		d. STREET ADDRESS (If rural, give location) <u>RFD. E. Isberry Mo 0570</u>	

3. NAME OF DECEASED (Type or Print) <u>Carlie</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Cox</u>		4. DATE OF DEATH <u>June 22, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug 28, 1870</u>	9. AGE (In years last birthday) <u>83</u>	if UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day laborer (farmer)</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTH PLACE (City and State or Foreign Country) <u>Osage, Mo</u>		12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Fred P Cox</u>	13b. MOTHER'S MAIDEN NAME <u>MARY PARSONS</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>E. Hill, R. D. Jonesburg, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - suppurative</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic Myocarditis</u>		
	DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Proliferative Congestive heart failure (compensated)</u>			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 6-4, 1954, to 6-22, 1954, that I last saw the deceased alive on 6-17, 1954, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold J. Holscher, M.D.</u>		23b. ADDRESS <u>Warrenton, Mo</u>	23c. DATE SIGNED <u>6-22-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-23-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STAR HOPE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LINCOLN Co Mo</u>
DATE REC'D BY LOCAL REG. <u>6-24-54</u>	REGISTRAR'S SIGNATURE <u>Lloyd Logan</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifton Miller - Ellettsburg, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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, June 22-1

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsbey, 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.