

FILED AUG 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 250

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>1821 Patchen</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 1821 Patchen</u>			

3. NAME OF DECEASED (Type or Print) <u>Carrie Cox</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 16, 1954</u>		
a. (First)	b. (Middle)	c. (Last)			

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>October 8, 1886</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 24 HRS. Days <u>8</u>	IF UNDER 24 HRS. Hours <u></u>	IF UNDER 24 HRS. Min. <u></u>	
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>Monroe County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	

13a. FATHER'S NAME <u>R. W. Huss</u>	13b. MOTHER'S MAIDEN NAME <u>Sally Ann Phillips</u>	14. NAME OF HUSBAND OR WIFE <u>Wayne Cox</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Daniel Orr Hannibal Missouri</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>5 mo</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>	ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>Carcinoma Rectum</u>			<u>2 years</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>154X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)
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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?
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22. I hereby certify that I attended the deceased from 2-5, 1954, to 8-16, 1954, that I last saw the deceased alive on 8-1, 1954 and that death occurred at 8:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. H. Anderson MD</u>	23b. ADDRESS <u>Hannibal MO</u>	23c. DATE SIGNED <u>8-17-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal, MO</u>
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DATE REC'D BY LOCAL REG. <u>8-18-54</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By W. C. Fisher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith's Funeral Home</u>	ADDRESS <u>Home Hannibal Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 21 1934
MARION CO. HEALTH DEPT.
DATE FILED AUG 21 1934

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 *John S. Stand*.....

Licensed Embalmer No..4540.....

P. O. Address .Hannibal. Miss.

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.