

STANDARD CERTIFICATE OF DEATH

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| BIRTH NO. _____ | | REG. DIST. NO. <u>209</u> | | PRIMARY REG. DIST. NO. <u>3043</u> | | Registrar's No. <u>264</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) | | | |
| a. COUNTY <u>MARION</u> | | a. STATE <u>MO.</u> | | b. COUNTY <u>MARION</u> | | b. COUNTY <u>MARION</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u> | | c. LENGTH OF STAY (in this place) <u>YRS.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u> | | d. STREET ADDRESS (If rural, give location) <u>320 FULTON AVE.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>320 FULTON AVE.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>320 FULTON AVE.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | 5. SEX | |
| a. (First) <u>MARY</u> | b. (Middle) <u>M.</u> | c. (Last) <u>COX</u> | Month <u>8</u> | Day <u>6</u> | Year <u>1954</u> | FEMALE | |
| 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>JUNE 26 1880</u> | | 9. AGE (In years last birthday) <u>74</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 <u>—</u> | | 11. BIRTHPLACE (State or foreign country) <u>PERRY, MO.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>GEO. W. FOWLER</u> | | 13b. MOTHER'S MAIDEN NAME <u>LUCY BUTLER</u> | | 14. NAME OF HUSBAND OR WIFE <u>JOHN F. COX.</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>—</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>John F. Cox, Hannibal, Mo</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, arteriosclerotic in type</u> | | ANTECEDENT CAUSES | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (b) <u>Diabetes mellitus</u> | | | | | |
| | | DUE TO (c) <u>—</u> | | | | | |
| 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 | | | | 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 <u>Jan.</u> , 19 <u>50</u> , to <u>Nov. 7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8/6/54</u> , <u>D. 99 A.</u> , and that death occurred at <u>11:00 PM</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> | | | | 23b. ADDRESS <u>Hannibal Mo</u> | | 23c. DATE SIGNED <u>8/9/54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>8-9-1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET CEM.</u> | | 24d. LOCATION (City, town, or county) (State) <u>HANNIBAL, MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>9-2-54</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>[Address]</u> | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

SEP 7 1954

MARION CO. HEALTH DEPT.

DATE FILED

SEP 7 1954

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 Ralph C. Clark

Licensed Embalmer No. 4217

P. O. Address Harrisburg, 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.