

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

31430

0830

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5964 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-PETTIS</u>		c. LENGTH OF STAY (in this place) <u>1</u>	c. CITY OR TOWN <u>RIVERSIDE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHWOOD ACRES RD-RIVERSIDE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>PARKVILLE RT 4 0830</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>JAMES</u> c. (Last) <u>COX</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 15, 1954</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR 29, 1902</u>
9. AGE (In years last birthday) <u>52</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Librarian</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>UNKNOWN - N. CAROLINA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>LOUISE MAE - RT. 4</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of date of service) <u>YES W.W.I</u>		16. SOCIAL SECURITY NO. <u>513-09-0054</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>CHARLOTE COX EDWARDS-</u>		ADDRESS _____	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</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>1/201</u>	
20. AUTOPSY? YES <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>APPROX. 8:30 P.M.</u> , from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) <u>Roland M. Guffee, Coroner</u>		22b. ADDRESS <u>Platte City, Mo.</u>	
22c. DATE SIGNED <u>8-16-54</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>AUG 18, 1954</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>NEW HOPE</u>		23d. LOCATION (City, town, or county) (State) <u>LIBERTY, Polay, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 18, 1954</u>		REGISTRAR'S SIGNATURE <u>257-1</u> ADDRESS <u>Liberty, Mo.</u>	

