

FILED SEP 28 1954

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>743</u>			
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Wash Township</u>		c. LENGTH OF STAY (in this place) <u>0-0-19</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital Nevada Mo</u>				f. STREET ADDRESS (If rural, give location) <u>503 W 46.</u> <u>369A</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JACK.</u>			b. (Middle) _____		c. (Last) <u>COX</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 23, 1954</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>4-4-1876</u>		9. AGE (In years last birthday) (If under 1 year: Months, Days, Hours, Min.) <u>78</u> <u>5</u> <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>O.R. Telephone Co</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Bellville, Ontario, 2</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John B Cox</u>			13b. MOTHER'S MAIDEN NAME <u>Letitia Evans</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown</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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kenneth Cox - 503 W 46 St - Kansas City, 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, ashenia, 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 on</u> ANTECEDENT CAUSES <u>Arterio Sclerotic Basis.</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <u>4-201</u> 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 <u>9-6-</u> , 19 <u>54</u> to <u>9-23</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-23</u> , 19 <u>54</u> , and that death occurred at <u>11 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. R. Benich</u> (Dress or title)				23b. ADDRESS <u>State Hospital #3</u>		23c. DATE SIGNED <u>9-23-54</u>			
24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>SEP-27-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>			
DATE REC'D BY LOCAL REG. <u>9-25-54</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> <u>451</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Newcomer & Sons</u> <u>1331 BRUSH CREEK</u> <u>KANSAS CITY, MO.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 1959

MAY 8 8 1958

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 *Edward M. Stone*

Licensed Embalmer No. *44*

P. O. Address *K.C. 11*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.