

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 202

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 56

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| 1. PLACE OF DEATH a. COUNTY Buchanan <i>A</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY OR TOWN St. Joseph | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 6 years | | e. STREET ADDRESS (If rural, give location) 518 North 3rd St. 0117 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Nursing Home 518 North 3rd St. | | | |

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| 3. NAME OF DECEASED (Type or Print) IRA | a. (First) | b. (Middle) | c. (Last) COX | 4. DATE OF DEATH (Month) (Day) (Year) January 13, 1955 |
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| 5. SEX Male <i>2</i> | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <i>2</i> | 8. DATE OF BIRTH April 12, 1876 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (City and State or Foreign Country) Groves Hill, Alabama / | 12. CITIZEN OF WHAT COUNTRY? USA |
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|----------------------------|-----------------------------------|-------------------------------------|
| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Unknown |
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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) no | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. Jackson, 518 No. 3rd St., St. Joseph, Missouri |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH Undet. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>4500</i> |
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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) (Minute) | 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 June 19 54, to Jan 13, 19 55, that I last saw the deceased alive on Jan 10, 19 55, and that death occurred at 9:00P m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <i>Clement E. ...</i> | 23b. ADDRESS St. Joseph, Mo. | 23c. DATE SIGNED 1-19-55 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Jan 14, 1955 | 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo. |
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| DATE REC'D BY LOCAL REG. Jan 20, 1955 | REGISTRAR'S SIGNATURE <i>Ruth M. Allison</i> 485 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beatrice Gray, 812 Pacific St., St. Joseph, |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Will J. Chaney*

Licensed Embalmer No. *4679*

P. O. Address *St. Joseph,*

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.