

FILED JAN 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1800**

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>	
c. LENGTH OF STAY (In this place) <u>3</u> Years		d. STREET ADDRESS (If rural, give location) <u>218 N. Green St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 218 N. Green St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joe</u>	b. (Middle) <u>Louis</u>	c. (Last) <u>Cox</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 3, 1955</u>
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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>Feb. 2, 1888</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Glasgow, Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ulysess Thomas Cox</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Marie Lewis</u>	14. NAME OF HUSBAND OR WIFE <u>Katherine 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>Mrs. Maureen Sutherland, Charleston, Mo.</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		<u>none</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis senes</u> DUE TO (c) _____		<u>2 years</u>
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Peripheral sclerosis</u>			<u>2 years</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 Aug, 1953, to Jan 3, 1955, that I last saw the deceased alive on Dec 10, 1954, and that death occurred at 6:20P m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Albert Davis MD</u> (Degree or title)	23b. ADDRESS <u>Charleston, Mo</u>	23c. DATE SIGNED <u>1-6-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/5/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-15-55</u>	REGISTRAR'S SIGNATURE <u>Jean Kearnes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. ...</u> ADDRESS <u>206 Nunnelee Funeral Chapel, Charleston, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 21 REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
JAN 22 1955

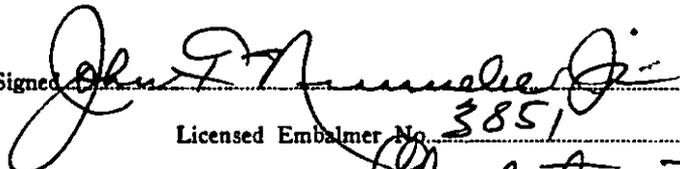
STATEMENT BY LICENSED EMBALMER

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  _____

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.