

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2191

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 510

1. PLACE OF DEATH a. COUNTY <b>RIPLEY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>RIPLEY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>DONIPHAN</b>		c. CITY OR TOWN <b>RURAL</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>6 DAYS</b>		e. STREET ADDRESS (If rural, give location) <b>FAIRDEALING STAR ROUTE 0910</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>COMMUNITY HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>NOLAND</b> b. (Middle) _____ c. (Last) <b>COX</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 24 - 1955</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JUNE 22 - 1883</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>22</b> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>PANOLA - KENTUCKY</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>SOLOMON COX</b>		13b. MOTHER'S MAIDEN NAME <b>MARY ASBELL</b>		14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>JESS COX - DONIPHAN Rt. #2</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia - lobar.</b>		DUE TO (b) _____	
*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 (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 _____		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) <b>490X</b>	
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 **Jan 23, 1955**, to **Jan 24, 1955**, that I last saw the deceased alive on **Jan 23, 1955**, and that death occurred at **5:15 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank C. Johnson M.D.</b>		23b. ADDRESS <b>Doniphan Mo.</b>		23c. DATE SIGNED <b>1-24-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1/25/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. BENEDICT'S</b>	
24d. LOCATION (City, town, or county) (State) <b>DONIPHAN - MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>EDWARDS FUNERAL HOME - DONIPHAN - Mo.</b>			
DATE REC'D BY LOCAL REG. <b>1-24-55</b>		REGISTRAR'S SIGNATURE <b>W. R. Johnston 277</b>		ADDRESS _____	

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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Gene Stark* .....

Licensed Embalmer No. *480*  
P. O. Address *Donipha* .....

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.