

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7540**

FILED APR 6 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097** Registrar's No. **31**

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

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b> c. CITY OR TOWN <b>Garden City</b>	
b. CITY OR TOWN <b>Harrisonville</b>		c. LENGTH OF STAY (in the place) <b>7 1/2 hours</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>807 East Pearl Street</b>		e. STREET ADDRESS (If rural, give location) <b>3 miles west 1/4 South</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>George Thomas</b>	b. (Middle) <b>Walter</b>	c. (Last) <b>Cox</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3 26-1955</b>
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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>Nov. 3-1880</b>	9. AGE (In years last birthday) <b>74</b>	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) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Peru Nebraska</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William C. Cox</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Richardson</b>	14. NAME OF HUSBAND OR WIFE <b>Anna J. Cox</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Horan Cox - Garden City, Missouri</b>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>7 1/2 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> 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"/>
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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 **Nov**, 19**53**, to **March**, 19**55**, that I last saw the deceased alive on **March 26**, 19**55**, and that death occurred at **7:28** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>Edward S. Jones M.D.</b>	23b. ADDRESS <b>Harrisonville Mo</b>	23c. DATE SIGNED <b>3-28-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-29-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Garden City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Garden City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Mar 29 1955</b>	REGISTRAR'S SIGNATURE <b>Dora Barward</b>	457-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>William D. Dickey</b>	ADDRESS <b>Garden City, Missouri</b>
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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 *Billy G. Liddy*.....

Licensed Embalmer No. *468*.....

P. O. Address *Harlem City*.....

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.