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FILED APR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9480
State File No. _____
Registrar's No. **2981**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY **MISSOURI**
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MISSOURI** b. COUNTY **_____**

b. CITY (If outside corporate limits, write RURAL and give township) **ST. LOUIS** c. LENGTH OF STAY (in this place) **10 YRS.**
c. CITY (If outside corporate limits, write RURAL and give township) **ST. LOUIS**

d. FULL NAME OF HOSPITAL OR INSTITUTION **7063 PLAINVIEW AVE** d. STREET ADDRESS (If rural, give location) **3 7063 PLAINVIEW AVE**

3. NAME OF DECEASED a. (First) **DORA** b. (Middle) **B.** c. (Last) **COX** 4. DATE OF DEATH (Month) (Day) (Year) **APRIL 1 1955**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **JAN. 6, 1871** 9. AGE (In years last birthday) **84** UNDER 1 YEAR Months UNDER 24 Hrs. Hours MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **AT HOME** 11. BIRTHPLACE (City and State or Foreign Country) **HOKE MISSOURI** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **BERT DUNCAN** 13b. MOTHER'S MAIDEN NAME **MOLLIE PERKINS** 14. NAME OF HUSBAND OR WIFE **JAMES BURTON COX**

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 **Mrs Paul Robinson 7063 Plainview Ave**

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Broncho-Pneumonia** INTERVAL BETWEEN ONSET AND DEATH **5 d.**
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Arterio-sclerotic cardio-vascular disease ch.**
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 NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4221**

22. I hereby certify that I attended the deceased from **Feb 16, 1955**, to **Apr 1, 1955**, that I last saw the deceased alive on **Apr 1, 1955**, and that death occurred at **3:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Deabaugh M.D.** 23b. ADDRESS **Webster Groves Mo** 23c. DATE SIGNED **4-1-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **4-7-55** 24c. NAME OF CEMETERY OR CREMATORY **COX CEMETERY** 24d. LOCATION (City, town, or county) (State) **USEFUL MO.**

DATE REC'D BY LOCAL REG. **APR 4 1955** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **MITTELBERG FUNERAL HOME 73 W. LOCKWOOD AVE**

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
Student Embalmer

Signed

Oliver K. Sadwell

Licensed Embalmer No. 4077

P. O. Address St. Louis, 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.