

FILED APR 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10771

State File No.

58

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY VERNON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY CEDAR

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEVADA

c. CITY OR TOWN

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION NEVADA CITY HOSPT.

e. STREET ADDRESS (If rural, give location) 3 mi South Monticello Mo

3. NAME OF DECEASED (Type or Print)
a. (First) NANCY ANNA b. (Middle) E c. (Last) COX

4. DATE OF DEATH (Month) (Day) (Year)
MARCH 29 1955

5. SEX FEMALE

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH JULY 26, 1899

9. AGE (In years last birthday) 65 If UNDER 1 YEAR Months 7 Days 26 If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) 0 CEDAR CO

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME HENRY

13b. MOTHER'S MAIDEN NAME NORA INGRAM

14. NAME OF HUSBAND OR WIFE CHARLES COX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Chas Cox Monticello, Mo.

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma Left lung

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary congestion
DUE TO (c) cachexia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
Several months

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Oct. 1, 19 54, to March 29, 1955, that I last saw the deceased alive on March 29, 1955, and that death occurred at 9:30 Am., from the causes and on the date stated above.

23a. SIGNATURE L. P. McCann (Degree or title) M. D.

23b. ADDRESS Moore Building, Nevada, Mo.

23c. DATE SIGNED April 1, '55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE March 31

24c. NAME OF CEMETERY OR CREMATORY BRASHER

24d. LOCATION (City, town, or county) (State) 0 CEDAR CO MO

DATE REC'D BY LOCAL REG 4-6-1955

REGISTRAR'S SIGNATURE Anna E Ferris

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
H. Bernard Perry Sheldon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 *J. Bernard Beeny*.....

Licensed Embalmer No.....

P. O. Address *H. J. B. I.*.....

**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.**