

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16358

State File No. _____

FILED MAY 31 1955

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>127</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CHARLES</u> c. LENGTH OF STAY (in this place) <u>46 YRS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>310 So. MAIN STR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. CHARLES</u> c. CITY OR TOWN <u>ST. CHARLES</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> • STREET ADDRESS (If rural, give location) <u>310 So MAIN STR. 0 923 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLEN</u> b. (Middle) <u>E.</u> c. (Last) <u>COX</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 27 1955</u>				
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>NOV. 1, 1866</u>	
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>26</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>LOUIS NARR</u>	
13b. MOTHER'S MAIDEN NAME <u>ANNA MARGARET KREMER</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE W. COX, (DECEASED)</u>		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>ANNA M. KESSLER</u>		ADDRESS <u>ST. CHARLES MO.</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio sclerosis heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hyp. arterio sclerosis</u> 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) _____		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 <u>6-26-50</u> to <u>5-27-55</u> , that I last saw the deceased alive on <u>5-25-55</u> , 19 <u>55</u> , and that death occurred at <u>5 A</u> m., from the causes and on the date stated above.		23a. SIGNATURE <u>R. Kessler</u> (Degree or title) _____		23b. ADDRESS <u>St Charles, MO</u>	
23c. DATE SIGNED <u>MAY 28 1955</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 30, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. CHARLES MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Prinster-Hughes</u>		ADDRESS <u>Prinster-Hughes Fun. Home Inc., St. Charles Mo.</u>		DATE REC'D BY LOCAL REG. <u>MAY 28 1955</u>	
REGISTRAR'S SIGNATURE <u>Harrie Hamilton</u>		284-01		25. FUNERAL DIRECTOR'S SIGNATURE <u>Prinster-Hughes</u>		ADDRESS <u>Prinster-Hughes Fun. Home Inc., St. Charles Mo.</u>	

(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 *Robert M. Murray*
.....

Licensed Embalmer No. 374

P. O. Address *St. Louis*

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.