

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 17 1955

BIRTH NO. _____ REG. DIST. NO. 277997 PRIMARY REG. DIST. NO: 4411 Registrar's No. 29

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

b. CITY OR TOWN Bowling Green c. LENGTH OF STAY (in this place) _____ c. CITY OR TOWN Spencer Township d. Is Residence within limits of a city incorporated town? Yes No

d. FULL NAME OF DECEASED (If in hospital or institution, give street address or location) Bobbie Springs Hosp e. STREET ADDRESS (If rural, give location) 5 miles East Vandalia 0820
HOSPITAL OR INSTITUTION REST HOME

3. NAME OF DECEASED (Type or Print) a. (First) Otis b. (Middle) Lee c. (Last) Cox 4. DATE OF DEATH (Month) (Day) (Year) July 30, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Dec 31, 1879 9. AGE (In years) (Month) (Day) (Year) 75

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Nursery 11. BIRTHPLACE (City and State or Foreign Country) Lincoln county, Missouri 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Thomas Cox 13b. MOTHER'S MAIDEN NAME Rebekah Barnes 14. NAME OF HUSBAND OR WIFE Myrtle Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or (unknown)) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 489-36-3353 17. INFORMANT'S NAME AND ADDRESS Nellie Cox, Vandalia, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) 489-36-3353 MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 4 yrs
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
DUE TO (c) 331X
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? _____

22. I hereby certify that I attended the deceased from 7-27, 1955, to 7-30, 1955, that I last saw the deceased alive on 7-27, 1955, and that death occurred at 4 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Samuel B. Rogers, M.D. 23b. ADDRESS Bowling Green, Missouri 23c. DATE SIGNED 7-31-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug 1, 1955 24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery 24d. LOCATION (City, town, or county); (State) Vandalia, Missouri

DATE REC'D BY LOCAL REG. 8-8-55 REGISTRAR'S SIGNATURE Bill Robinson 25. GENERAL DIRECTOR'S SIGNATURE William B. Waters ADDRESS Vandalia, Mo.

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 *William B. Tate*.....

Licensed Embalmer No. *41*.....

P. O. Address *Tandem*.....

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.