

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36719**

FILED NOV 29 1955

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5836 Registrar's No. 49

1. PLACE OF DEATH a. CITY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Goldsberry Twpn)</u>		c. LENGTH OF STAY (in this place) <u>9 Days</u>	c. CITY OR TOWN <u>Eminence</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Willie</u>	b. (Middle) <u>Cleveland</u>	c. (Last) <u>Cox</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 16, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 1, 1893</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Shannon County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James M. Cox</u>	13b. MOTHER'S MAIDEN NAME <u>Syrena Summers</u>	14. NAME OF HUSBAND OR WIFE <u>Mintie Cox</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>514-24-3014</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mintie Cox</u>	ADDRESS <u>Eminence, Missouri.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		<u>12 hrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Cardiac decompensation</u>		<u>3 da.</u>
DUE TO (c) <u>Hypertension</u>		<u>years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Interstitial nephritis</u>		<u>7 yrs.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443x</u>	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) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold W. Miller MD</u> (Degree or title)	23b. ADDRESS <u>Bellevue Springs Mo</u>	23c. DATE SIGNED <u>11-20-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 19, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Summers Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ink, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11/26/55</u>	REGISTRAR'S SIGNATURE <u>Laura Mitchell</u> 126	25. FUNERAL DIRECTOR'S SIGNATURE <u>DUNCAN FUNERAL HOME.</u>	ADDRESS <u>Mtn. View, Mo.</u>
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(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 *Joel S. Duncan*
Licensed Embalmer No. *432*
P. O. Address *Mt. View*

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.