No. 300
10.46

FILED JUL 11 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19871

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville
c. LENGTH OF STAY (in this place): 6-20-56
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harrisonville Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN: Kingsville
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 510 Rt 1 Kingsville

3. NAME OF DECEASED (Type or Print)
a. (First): EARL
b. (Middle):
c. (Last): COX

4. DATE OF DEATH (Month) (Day) (Year): JUNE 20 1956

5. SEX: M
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec 12 1889
9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months: 6 Days: 8
IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (City and State or Foreign Country): Kingsville Mo
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Robert Cox
13b. MOTHER'S MAIDEN NAME: Julia Ann Landis
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WW WW #1
16. SOCIAL SECURITY NO.: 494-12-0942
17. INFORMANT'S SIGNATURE OR NAME: Walter E Cox
ADDRESS: Kingsville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute anterior coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Malignancy rt lung — 6 mo

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4 200H
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) m.:
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* 4-10-, 1956, *to* 6-20-, 1956, *that I last saw the deceased alive on* 6-20-, 1956, *and that death occurred at* 5:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A W Ehlers MD
23b. ADDRESS: Pleasant Hill, Mo
23c. DATE SIGNED: 6-22-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 23 1956
24c. NAME OF CEMETERY OR CREMATORY: Kingsville Cemetery
24d. LOCATION (City, town, or county) (State): Kingsville Mo

DATE REC'D BY LOCAL REG.: June 30, 1956
REGISTRAR'S SIGNATURE: Dora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE: Conaway & Rapp
ADDRESS: Holden Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JUL 9 1956
HEALTH DEPARTMENT

JUL 11 1956

APR 17 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M L Canaday

Licensed Embalmer No. 343

P. O. Address Holden,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.