

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21463**

*Myers*  
FILED JUN 25 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **110**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dant</b> c. CITY OR TOWN <b>Salem</b>	
b. CITY OR TOWN <b>Rolla</b>		c. LENGTH OF STAY (in this place) <b>2 yr</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McFarland Nursing Home</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>East 5th</b>		0391	

3. NAME OF DECEASED (Type or Print) <b>Joe</b>	a. (First)	b. (Middle) <b>-</b>	c. (Last) <b>Cox</b>	4. DATE OF DEATH <b>June 9 1956</b>	(Month)	(Day)	(Year)
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Mar 5 1873</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. COUNTRY OF WHAT COUNTRY? <b>U S</b>
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13a. FATHER'S NAME <b>not available</b>	13b. MOTHER'S MAIDEN NAME <b>Not available</b>	14. NAME OF HUSBAND OR WIFE <b>Josie Frank Cox</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>XX</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Josie Frank Cox</b>	ADDRESS <b>Salem Mo</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>yes</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Astoria - scleremia for advanced</b>		
	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"/>
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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) (Min.)	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 **5-15 1954**, to **6-9 1956**, that I last saw the deceased alive on **6-7 1956**, and that death occurred at **1 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>James M. Myers M.D.</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Rolla Mo.</b>	23c. DATE SIGNED <b>6/12/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>6-11-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Herman Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Salem Cent Co Mo</b>
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DATE RECD BY LOCAL REG. <b>June 12, 1956</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl K. Spitzer</b>	ADDRESS <b>Salem Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 445

Date Filed 6/22/56

JUL 24 1957

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.....

Licensed Embalmer No. 237

P. O. Address Salem

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.