

FILED JAN 24 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

597

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 4106 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jerico Mo</u>		c. CITY OR TOWN <u>Jerico Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>20 yr</u>		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA-ELIZABETH-</u> b. (Middle) <u>Cox</u> c. (Last) <u>Cox</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-18-1957</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>1-14-1890</u>
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></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>housekeeping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Loxmead, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>WILLIAM-BARKER</u>		13b. MOTHER'S MAIDEN NAME <u>BECKY-TERRANCE</u>	14. NAME OF HUSBAND OR WIFE <u>F. O. Cox</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>F. O. Cox, Jerico Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 Day</u>	
*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) _____		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) <u>4201</u>	
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?	
22. I hereby certify that I attended the deceased from <u>Jan 10, 1957</u> , to <u>Jan 18, 1957</u> , that I last saw the deceased alive on <u>Jan 16, 1957</u> , and that death occurred at <u>2:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>F. O. Cox M.D.</u>		23b. ADDRESS <u>Jerico Mo</u>	23c. DATE SIGNED <u>1-19-1957</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>1-20-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>AMCS-CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>11 MILES. N of Loxmead, Mo</u>
DATE REC'D BY LOCAL REG. <u>1-22-1957</u>	REGISTRAR'S SIGNATURE <u>Norma Timmerman</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. Long, Jerico Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

477-0

**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 .....  
*J. D. Long*

Licensed Embalmer No. 371

P. O. Address *Jones Spg*

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.