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FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24480

STATE FILE NUMBER
3241

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Joseph Hospital</i>		Length of stay in lb <i>52 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>1420 Indiana</i>
3. NAME OF DECEASED (Type or print) First <i>LESLIE</i> Middle <i>DAVID</i> Last <i>COX</i>			4. DATE OF DEATH Month <i>July</i> Day <i>11</i> Year <i>1957</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan-1-1905</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Boozer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Hankins Roof.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Isaac Wilson Cox</i>		13b. MOTHER'S MAIDEN NAME <i>Margaret Miller</i>	14. NAME OF HUSBAND OR WIFE <i>Esther Cox</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or for unknown) (If yes, give world dates of service) <i>Unknown</i>		16. SOCIAL SECURITY NO. <i>486-09-2841</i>	17. INFORMANT Name <i>Mrs. Esther Cox</i> Address <i>K.C. Missouri</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of right lung (m.m.c.)</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 months</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) _____			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ .Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>July 6, 1957</i> to <i>July 11, 1957</i> and last saw him alive on <i>July 11, 1957</i> (Death occurred at <i>1:30 pm</i> on the date stated above; and to the best of my knowledge, from the causes stated.)			
22a. SIGNATURE (Degree or title) <i>Albert I. Decker M.D.</i>		22b. ADDRESS <i>Kansas City, Mo.</i>	22c. DATE SIGNED <i>7-12-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>July-15-1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>
24. FUNERAL DIRECTOR <i>C. H. Blackman & Son Inc.</i> Address <i>15. C. to</i>		25. DATE RECD. BY LOCAL REG. <i>7-12-57</i>	26. REGISTRAR'S SIGNATURE <i>Nora Marshall</i>

Albert I. Decker USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ANY UNUSUAL FINDINGS MUST BE CAUSALLY RELATED.

(Licensed Embalmer's Signature on Reverse Side)

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 *W. C. Reine*

Licensed Embalmer No. *4879*

P. O. Address *K. C. Mo.*

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.