

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED AUG 26 1957

State File No. **29341**  
Registrar's No. **7340**

**318**

**1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7340</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) _a._ STATE <b>Missouri.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>		c. LENGTH OF STAY (in this place) <b>10 Days.</b>		c. CITY OR TOWN <b>St. Louis,</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>26 St. Louis Chronic Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>151 04408 Miami</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lois</b> b. (Middle) <b>Mildred</b> c. (Last) <b>Cox</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August-3-1957</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 4, 1912</b>		9. AGE (In years last birthday) <b>44</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Jonesboro, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Joseph W. Hughey</b>		13b. MOTHER'S MAIDEN NAME <b>Edith M. Gordon</b>		14. NAME OF HUSBAND OR WIFE <b>Ray</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>493-07-5333</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ray M. Cox, 4408 Miami St.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>					INTERVAL BETWEEN ONSET AND DEATH.
<p>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Abdominal Metastatic Adenocarcinomatous 6 weeks.</b>					<b>1 yr.</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Uterus</b>					
		DUE TO (c) <b>Adenocarcinoma Cervix</b>					
19a. DATE OF OPERATION <b>6/23/57</b>		19b. MAJOR FINDINGS OF OPERATION <b>Metastatic Adenocarcinoma Exploratory Laparotomy - Small Intestine + Mesentery</b>					20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) <b>174X</b>	
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 <b>July 25,</b> 19 <b>57,</b> to <b>Aug. 3,</b> 19 <b>57,</b> that I last saw the deceased alive on <b>Aug. 3,</b> 19 <b>57,</b> and that death occurred at <b>10:10 P.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>John W. Beckham, M.D.</b>				23b. ADDRESS <b>5800 Arsenal</b>		23c. DATE SIGNED <b>8/5/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-4-57</b>	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>Dexter, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>AUG 6 57</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

SEP 20 1951

**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 *James Binkley*

Licensed Embalmer No. *365*

P. O. Address *St Louis*

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.