

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004962
State File No.

FILED FEB 24 1958

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5392 Registrar's No. 17

0330

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence/before admission). By STATE <u>Missouri</u> COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural-Watkins</u>	c. LENGTH OF STAY (in this place) <u>50 yrs</u>	c. CITY OR TOWN <u>Salem</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Salem 11 Mi</u>		e. STREET ADDRESS (If rural, give location) <u>West Salem 12 Mi</u>	

0330

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u> b. (Middle) <u>Francis</u> c. (Last) <u>Cox</u>			4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>18</u> (Year) <u>1958</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct 24 1880</u>	9. AGE (In years) <u>77</u>	IF UNDER 1 YEAR: Months _____ Days _____
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>xx</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Texas Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>J. H. Granville Capps</u>		13b. MOTHER'S MAIDEN NAME <u>Irene Capps</u>		14. NAME OF HUSBAND OR WIFE <u>John E Cox</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>x</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chas Cox Newburg Mo</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushing Injury to chest + legs</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>845 X 37</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>LEADERS FARM</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>833 Dent</u> (COUNTY) <u>Mo.</u> (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-16-58 8:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Bugary overturned on patient!</u>
22. I hereby certify that I attended the deceased from <u>2/15, 1958</u> , to <u>2/15, 1958</u> , that I last saw the deceased alive on <u>2/15, 1958</u> and that death occurred at <u>7:30 Pm.</u> , from the causes and on the date stated above.		

23a. SIGNATURE <u>D. Bass</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Salem, Mo.</u>	23c. DATE SIGNED <u>2/19/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2-20-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Herman Crem.</u>	24d. LOCATION (City, town, or county) (State) <u>Dent Co Mo</u>

DATE REC'D BY LOCAL REG. <u>2/19/58</u>	REGISTRAR'S SIGNATURE <u>M. M. Harb. M. D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. ...</u>	ADDRESS <u>Salem Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Carl H. Symons

Licensed Embalmer No. *2376*

P. O. Address.....
Delmar

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.