

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006328
State File No.

FILED FEB 21 1958

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Bedford Twp.	c. LENGTH OF STAY (In this place) 9 wks	c. CITY OR TOWN Troy	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln Co. Mem. Hosp.		e. STREET ADDRESS (If rural, give location) No Street address	

3. NAME OF DECEASED (Type or Print) a. (First) Estella	b. (Middle) Margeret	c. (Last) Cox.	4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 16, 1878
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 79	11. BIRTHPLACE (City and State or Foreign Country) Lincoln Co. Missouri
13a. FATHER'S NAME Henry G. Bickel		13b. MOTHER'S MAIDEN NAME Margaret A. Craig	12. CITIZEN OF WHAT COUNTRY? USA

14. NAME OF HUSBAND OR WIFE James S. Cox	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME James S. Cox, Troy, Missouri
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.			19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Senility</i>	INTERVAL BETWEEN ONSET AND DEATH
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
3. 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) Troy, Missouri
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 10-1, 1957, to 1/31, 1958, that I last saw the deceased alive on Jan. 31, 1958, and that death occurred at 7:00 PM, from the causes and on the date stated above.

23a. SIGNATURE <i>J. Olesch</i> M.D.	23b. ADDRESS Troy, Missouri	23c. DATE SIGNED 2/1/58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/3/58	24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery
24d. LOCATION (City, town, or county) (State) Troy, Missouri		

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 21 1958 <i>Nell S. Schuenbein</i>	25. FUNERAL DIRECTOR'S SIGNATURE Kemper-Marsh Funeral Home Troy, Mo.
--	---

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~~ X....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Joseph J. Mann*.....

Licensed Embalmer No. 3932.....

P. O. Address Troy, Missouri.....

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.