

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006475

STATE FILE NUMBER

FILED MAR 4 1958

Registration District No. 210 Primary Registration District No. 5773 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Morgan Twp.</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Princeton</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>*****</b> Length of stay in lb <b>Life</b>		d. STREET ADDRESS <b>Morgan Twp.</b> (If outside, give location) Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Albert</b> Middle <b>Henry</b> Last <b>Cox</b>			4. DATE OF DEATH Month <b>2</b> Day <b>25</b> Year <b>1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 15- 1883</b>	9. AGE (in years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>10</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Mercer County</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13. FATHER'S NAME <b>Preston B. Cox</b>	14. MOTHER'S MAIDEN NAME <b>Carolyn M. Kauffman</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give year or dates)	16. SOCIAL SECURITY NO. <b>496-40-6015</b>	17. INFORMANT <b>Mrs. Mira Cox</b> Address <b>Princeton, Mo.</b>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CEREBRAL HEMORRAGE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 WEEKS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>HYPERTENSION</b>	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour _____ a. m. _____ p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>PRINCETON, MISSOURI.</b>	COUNTY <b>Mercer</b>	STATE <b>Mo.</b>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>10:30 P.M., 2/25/58</b> in _____ on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Naugland Peace D.O.</b> (Degree or title)	22b. ADDRESS <b>PRINCETON, MISSOURI.</b>	22c. DATE SIGNED <b>2/27/58</b>
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23a. BURIAL, CREMATION, REBURY, OR OTHER DISPOSITION <b>Burial</b>	23b. DATE <b>2-27-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Mercer Co. Mo.</b>
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24. FUNERAL DIRECTOR <b>Martin Funeral Home</b> ADDRESS <b>Princeton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>2-27-58</b>	26. REGISTRAR'S SIGNATURE <b>Paul Moss</b>
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(Licensed Embolmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. Ceroner cannot certify to a death due to natural causes.

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 L. Green*

Licensed Embalmer No. *39*

P. O. Address *Linnville*

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.