Health, Welfare Public Service

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1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019022
STATE FILE NUMBER

FILED JUN 10 1958 Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Mercer	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton — Inside Limits Yes # No ☐	c. CITY OR TOWN Princeton 0650 0 — Inside Limits Yes ☐ No #
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lambert Hospital — Length of stay in 1b 3-days	d. STREET ADDRESS Rural (If outside, give location) — Reside on Farm Yes # No ☐

3. NAME OF DECEASED (Type or print)	First: Hercial	Middle: Abner	Last: Cox	4. DATE OF DEATH	Month 5 Day 24 Year 58
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED # NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: May-19-1891	9. AGE (In years last birthday): 67	IF UNDER 1 YEAR Months Days 5 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Grain & Stock	11. BIRTHPLACE (City and state or country): Princeton--Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Edwin Cox		14. MOTHER'S MAIDEN NAME: Nancy Dykes			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) **********	16. SOCIAL SECURITY NO.: 342-20-3174A	17. INFORMANT Address: Mrs. Glenn Dykes-Princeton Mo.			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3-days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Arterio Sclerosis
DUE TO (c) 4201

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 ☐ NO # 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1954, to May 24, 1958 and last saw ~~xxx~~ him alive on May 24, 1958
Death occurred at 1:30 p.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank H Zabert MD 0	22b. ADDRESS: Princeton-Missouri	22c. DATE SIGNED: 5-25-58
23a. BURIAL, CREMATION, REMOVAL (Specify): Re-Burial	23b. DATE: 5-26-58	23c. NAME OF CEMETERY OR CREMATORY: Memorial-Park
23d. LOCATION (City, town, or county) (State): Davenport-Iowa		
24. FUNERAL DIRECTOR: [signature] ADDRESS: Martin Funeral Home-Princetom--Mo.	25. DATE RECD. BY LOCAL REG.: 5-25-58	26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...L.E. Agbell.....

Licensed Embalmer No...5020

P. O. Address...Princeton-

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.