

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019589

STATE FILE NUMBER

FILED JUN 13 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5951

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Nebraska</b> b. COUNTY <b>Richardson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>St Louis</b> TOWN <b>0</b>		c. CITY OR TOWN <b>Falls City 8 26 08</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Louis Little Rock Inc</b>		d. STREET ADDRESS (If outside, give location) <b>507 Fulton St</b>	

3. NAME OF DECEASED (Type or print) First <b>Earl</b> Middle <b>Stanley</b> Last <b>Cox</b>			4. DATE OF DEATH Month <b>6</b> Day <b>8</b> Year <b>58</b>		
5. SEX <b>Male 0</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>Dec 27, 1899</b>	9. AGE (In years last birthday) <b>58</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>Loco Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and state or country) <b>Kings City, Mo 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Unknown</b>			14. MOTHER'S MAIDEN NAME <b>Sylvia Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.1</b>		16. SOCIAL SECURITY NO. <b>702,14,3157</b>	17. INFORMANT Address <b>Mrs. Virginia Cox Falls City, Nebraska</b>		

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>Cancer Pancreas</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ <b>157 x</b>		
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 checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year a. m. _____ p. m. _____		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 deceased from <b>March 5 1958</b> to <b>June 8 1958</b> and last saw him alive on <b>June 8 1958</b> . Death occurred <b>9:15 am 9:45 am</b> m on the day stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>Edward J. Jordan MD</b>	22b. ADDRESS <b>Missouri Pacific Hosp</b>	22c. DATE SIGNED <b>June 8/58</b>

23a. BURIAL, CREMATION, REMOVAL <b>Removal</b>	23b. DATE <b>6-9-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	23d. LOCATION (City, town, or county) (State) <b>Lancaster, Kansas</b>
24. FUNERAL DIRECTOR'S ADDRESS <b>Albert H. Hoppe 4700 Washington</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 9 58</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith MD</b>

(Licensed Embolmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 20 1958

JUN 18 1958

JUN 18 1958

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 *J. W. Bembler*  
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.