

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021199
STATE FILE NUMBER

FILED JUN 18 1958 Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 77

300
-57

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>0191</u>	
b. CITY OR TOWN <u>Harrisonville</u> <small>(If outside corporate limits, give TOWNSHIP only)</small>		c. CITY OR TOWN <u>Harrisonville</u> <small>(If outside, give location)</small>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS <u>206 Clay St</u>	

3. NAME OF DECEASED (Type or print) <u>SARAH KATHERINE COX</u>			4. DATE OF DEATH Month <u>June</u> Day <u>10</u> Year <u>1958</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 16 1866</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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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	11. PLACE OF BIRTH (City and state or country) <u>Cass Co Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Francis M. Prine</u>	13b. MOTHER'S MAIDEN NAME <u>May Elizabeth Hendrich</u>	14. NAME OF HUSBAND OR WIFE <u>Wm H Cox</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>Ellert Cox</u> Address <u>Harrisonville Mo.</u>
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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) <u>Broncho Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>TROCHANTERIC FRACTURE RT. FEMUR</u>	<u>18 DAYS</u>
	DUE TO (c) <u>9020 21</u>	
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"/> <u>2</u>

20a. ACCIDENT <input checked="" 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.) <u>FELL FROM BED AT HOME</u>
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20c. TIME OF INJURY <u>8 AM</u> Hour <u>5-23-58</u> Month, Day, Year a.m. p.m.
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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 <u>HARRISONVILLE</u> COUNTY <u>019</u> STATE <u>Cass Missouri</u>
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21. I attended the deceased from MAY 23 1958 to JUNE 10 1958 and last saw her alive on 6-9-58
Death occurred at 10 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>R. Moody MD</u> (Degree or title)	22b. ADDRESS <u>HARRISONVILLE Mo</u>	22c. DATE SIGNED <u>6-12-58</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <u>June 12-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>
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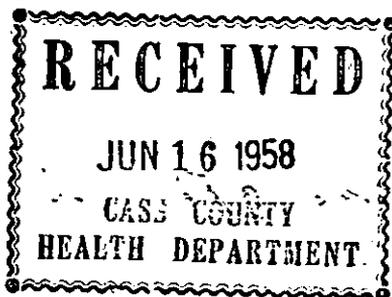
24. FUNERAL DIRECTOR <u>Ranner Buys</u> ADDRESS <u>Harrisonville Mo</u>	25. DATE RECD. BY LOCAL REG. <u>June 12 1958</u>	26. REGISTRAR'S SIGNATURE <u>Dora Barward</u>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 R. Phillips*

Licensed Embalmer No. *4641*
P. O. Address *Harrisonville,*

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.