

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039726
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 125

300
1-57

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		c. CITY OR TOWN Liberty	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		d. STREET ADDRESS (If outside, give location) 2 mi. S of Glover	

3. NAME OF DECEASED (Type or print) First Middle Last HATTIE MAY COX			4. DATE OF DEATH Month Day Year Nov. 27 1958		
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5. SEX fem	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 16 1889	9. AGE (In years last birthday) 69	10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) postal clerk retired	10b. KIND OF BUSINESS OR INDUSTRY U.S. Postal	11. BIRTHPLACE (City and state or country) Dept. Michigan	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Allen Heaston	13b. MOTHER'S MAIDEN NAME Mary Edmonds	14. NAME OF HUSBAND OR WIFE Ralph A. Cox
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT Mrs. Jess Neighbors, Roselle Mo.
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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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) <u>331X</u>		19. WAS AUTOPSY PERFORMED? YES <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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
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21. I attended the deceased from <u>11-28-58</u> to <u>11-29-58</u> and last saw her alive on <u>11-27-58</u> Death occurred at <u>7:05 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>[Signature]</u> (Decease or title)	22b. ADDRESS <u>Frontier Mo.</u>	22c. DATE SIGNED <u>11-29-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>11-30-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Big Creek Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Glover Missouri.</u>
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24. FUNERAL DIRECTOR <u>White Funeral Home</u> ADDRESS <u>Ironton Mo.</u> <u>Ornel J. White</u>	25. DATE RECD. BY LOCAL REG. <u>11-30-58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Amel J. White*

Licensed Embalmer No. *3012*

P. O. Address *Stanton, Mo.*

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.