THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002136

STATE FILE NUMBER

FILED JAN 20 1959 Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 2

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, Mo — Inside Limits Yes X No ☐	c. CITY OR TOWN Princeton, Mo 6 5 c — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtell Hospital — Length of stay in lb 7 days	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First Daniel	Middle N.	Last Cox
4. DATE OF DEATH	Month 1	Day 12	Year 59
5. SEX male	6. COLOR OR RACE white	7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 12-20-1874
9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days 72	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	11. BIRTHPLACE (City and state or country) Mercer Co., Mo	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James F. Cox		14. MOTHER'S MAIDEN NAME Amanda Goodin	
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. none	17. INFORMANT Mrs Daisy Cox	Address 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:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Chronic Nephritis	1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic kidney	1 yr.
DUE TO (c)	Heart Disease Chronic Myocarditis, Arteriosclerotic	10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 442x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 12-29-58, to 1-12-58 and last saw her/him alive on 1-11-59

Death occurred at 6:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Douglas S. Pearce D.O.	22b. ADDRESS Princeton, Mo.	22c. DATE SIGNED 1-13-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1-14-59	23c. NAME OF CEMETERY OR CREMATORY Princeton
23d. LOCATION (City, town, or county) (State) Princeton, Mo		
24. FUNERAL DIRECTOR Noel Moss	ADDRESS Princeton, Mo	25. DATE RECD. BY LOCAL REG. 1-13-59
26. REGISTRAR'S SIGNATURE Ball Moss		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner 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 e

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.