

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006114

STATE FILE NUMBER

FILED FEB 25 1959

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Carthage	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune Brooks Hospital		d. STREET ADDRESS (If outside, give location) 813 Lyon	
3. NAME OF DECEASED (Type or print) First Middle Last Marion Sims Cox		4. DATE OF DEATH Month Day Year Feb. 17, 1959	
5. SEX Male	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 2-23-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) newspaperman		10b. KIND OF BUSINESS OR INDUSTRY retired	9. AGE (In years last birthday) 72
11. BIRTHPLACE (City and state or country) Goldsboro, N. C.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John E. Cox		13b. MOTHER'S MAIDEN NAME Lou Perkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 4201	
17. INFORMANT Fern Cox, 813 Lyon, Carthage		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion posterior DUE TO (b) Infarction left ventricle 6 hours DUE TO (c) Hypertensive atherosclerosis unknown Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 11:30 AM 2/17/59 6 hours unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		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 the deceased from Feb. 17, 59 to Feb. 17, 59 and last saw him alive on Feb. 17, 59 Death occurred at MB Hosp 10:25 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Emory J. Wenters MD		22b. ADDRESS Carthage, Mo.	
22c. DATE SIGNED 2-17-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Feb. 20, '59	
23c. NAME OF CEMETERY OR CREMATORY Park		23d. LOCATION (City, town, or county) (State) Carthage, Mo.	
24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo.		25. DATE RECD. BY LOCAL REG. 2-18-59	
26. REGISTRAR'S SIGNATURE Ely Clinton			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 5 1959

### 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 *Frank W. Knell* .....

Licensed Embalmer No. *4440* .....

P. O. Address *Carthage* .....

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.