

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030042

FILED VS AUG 28 1959 280

Registration District No. _____ Primary Registration District No. _____ Registrar's No. h-2 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weston Twn		Length of stay in 1b	c. CITY OR TOWN Weston Twn.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 3 mile NE Weston
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Alice Middle Hulett Last Cox			4. DATE OF DEATH Month August Day 22 Year 1959		
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5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-4-67	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Platte Co. Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Richard Smither	13b. MOTHER'S MAIDEN NAME Elizabeth Yancey	14. NAME OF HUSBAND OR WIFE Oliver Cox
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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. none	17. INFORMANT Mrs. Sam McAdow Address Weston, 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) Chronic myocarditis, decompensating heart 1 yr. DUE TO (b) Cerebral arteriosclerosis, senile dementia 5 yrs. DUE TO (c) General arteriosclerosis 5 yrs. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General oedema		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) XXXXXXXXXXXXXX
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20c. TIME OF INJURY Hour _____ a.m. _____ XXXXXXXXXX	Month, Day, Year XXXXXXXX
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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.) XXXXXXXX	20f. CITY, TOWN, OR LOCATION Weston Platte Missou	COUNTY	STATE
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21. I attended the deceased from **Aug. 14, 1959** to **Aug. 21, 1959** and last saw her alive on **Aug. 20, 59.**
Death occurred at **2 08 0'clock A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lewis B. Calvert M.D. (Degree or title)	22b. ADDRESS Weston Mo. 8/23/59.	22c. DATE SIGNED
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 8-24-1959	23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cem.	23d. LOCATION (City, town, or county) (State) Weston, Missouri
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24. FUNERAL DIRECTOR Vaughn Funeral Home ADDRESS Weston, Mo.	25. DATE RECD. BY LOCAL REG. 8.24.1959	26. REGISTRAR'S SIGNATURE Alphia Rollins.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 19 1960

1718191202122

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, Va.

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.