

UNITED STATES DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1959

59-041295

STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 76

ENDED

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Platte City</u>		Length of stay in 1b <u>24 years</u>	c. CITY OR TOWN <u>Platte City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Kinzea</u> Middle _____ Last <u>Cox</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>10,</u> Year <u>1959</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-26-96</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Agent</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fire Insurance</u>	11. BIRTHPLACE (City and state or country) <u>Weston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>David K. Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Whitton</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Hardesty</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>488-36-9376</u>		17. INFORMANT <u>Lorene Cox</u> Address <u>Platte City, Missouri</u>	

18. CAUSE OF DEATH (Enter only one cause per line form (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Accurion</u> Sudden		INTERVAL BETWEEN ONSET AND DEATH <u>5y</u>
DUE TO (b) <u>ASHT & Coronary</u>		
DUE TO (c) <u>artery disease</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ 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 <u>Platte City, Mo</u>	COUNTY _____ STATE _____
21. I attended the deceased from <u>1948</u> to <u>1959</u> and last saw ^{her} him alive on <u>11/10/59</u> Death occurred at <u>6:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Stephen Arpanus</u> (Degree or title)	22b. ADDRESS <u>Platte City, Mo</u>	22c. DATE SIGNED <u>11/13/59</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-12-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hope Cem.</u>	23d. LOCATION (City, town, or county) <u>Weston, Missouri</u>
24. FUNERAL DIRECTOR <u>Vaughn Funeral Home</u> ADDRESS <u>Weston, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11.12.1959</u>	26. REGISTRAR'S SIGNATURE <u>Bphia Arpanus</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 9 2 ADM SA

VS APR 11 1961

MAY 25 1960

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 Tommy R. Rollins, Student Embalmer No. 584 working under my personal supervision.

Student Tommy R. Rollins Signed Roland M. Giffey
Signature of Student Embalmer

Licensed Embalmer No. 4725

P. O. Address Platte City, 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.