

FILED VS JAN 11 1960

=60-002158

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 1

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jasper		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		a. STATE Mo		b. COUNTY Jasper	
		Length of stay in 1b 1 wk		c. CITY OR TOWN Carthage		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First PEGGY		Middle ANN		Last COX		Month Day Year Jan 1, 1960	
5. SEX female	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 4-14-33	9. AGE (last birthday) 26	IF UNDER 1 YEAR	IF UNDER 24 HR
						Months	Days
						Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) office secretary			10b. KIND OF BUSINESS OR INDUSTRY secretarial	11. BIRTHPLACE (City and state or country) Miller, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Loren Parsons			13b. MOTHER'S MAIDEN NAME Audrey Lusk		14. NAME OF HUSBAND OR WIFE Billy Ray Cox		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. 493-34-2580	17. INFORMANT Address Billy R. Cox, Rt 3, Carthage, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Pulmonary Edema</i>							INTERVAL BETWEEN ONSET AND DEATH <i>2-3 days</i>
DUE TO (b) <i>Congestive Heart Failure</i>							<i>18 mos</i>
DUE TO (c) <i>Disseminated Lupus Erythematosus</i>							<i>4 yrs.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>none</i>							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.)			
20c. TIME OF INJURY	Hour	Month, Day, Year					
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 <i>8-4-56</i> to <i>1-1-60</i> and last saw ^{her} _{him} alive on <i>1-1-60</i> Death occurred at <i>3:15</i> a <i>a</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Shovel Patterson MD</i>				22b. ADDRESS Carthage, Mo		22c. DATE SIGNED 1-2-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Jan 4, 1960	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery		23d. LOCATION (City, town, or county) Carthage, Mo		(State)	
24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo			ADDRESS	25. DATE RECD. BY LOCAL REG. 1-2-60	26. REGISTRAR'S SIGNATURE <i>Ely Clifton</i>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 19 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank W. Kuehl

Licensed Embalmer No. 4440
P. O. Address Carthage, 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.