URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 14 1960

60-010320
STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 39

NDED

1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron — Length of stay in Ib 2 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Community Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Daviess
c. CITY OR TOWN Rural Union Twp. — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 4 Mi. S.W. Gallatin — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Lizzie Middle: Belle Last: Cox
4. DATE OF DEATH Month: April Day: 1 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-12-18 72
9. AGE (last birthday): 87 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Daviess Co. Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Francis Asbury Place
13b. MOTHER'S MAIDEN NAME: Elizabeth Betty
14. NAME OF HUSBAND OR WIFE: Wm. D. Cox (Dec'd)
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. Nettie Warford, Address Pattonsb urg 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)	Congestive heart failure	1 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease	unknown
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Influenza, post-influenza syndrome

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 March 15, 1960 to April 1, 1960 and last saw (her) (him) alive on April 1, 1960
Death occurred at 10:30 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Howard Carter M.D.
22b. ADDRESS: Hamilton, Mo
22c. DATE SIGNED: 4/4/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-4-1960
23c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
23d. LOCATION (City, town, or county) (State): Gallatin, Mo.

24. FUNERAL DIRECTOR: R. Nicholson
ADDRESS: Hope Funeral Home, Gallatin, Mo.
25. DATE RECD. BY LOCAL REG.: 4-4-60
26. REGISTRAR'S SIGNATURE: Francis D Crawford

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 330

P. O. Address Gallatin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.