

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012176

FILED VS APR 7 1960

Registration District No. 294 Primary Registration District No. 6008 Registrar's No. 91

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Prairie Twp.</b>		Length of stay in 1b		c. CITY OR TOWN <b>Kirkville, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>US 63 S - 10 mi S of Moberly</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>201 E. McPherson</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>LEIGH</b> Last <b>COX</b>				4. DATE OF DEATH Month <b>MARCH</b> Day <b>24</b> Year <b>1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1-28-1905</b>		9. AGE (last birthday) <b>55</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Cora, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>Leigh Fleet Cox</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Elfia Ransom</b>				13c. NAME OF HUSBAND OR WIFE <b>Unknown</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>498-40-1699</b>		17. INFORMANT <b>Davis &amp; Davis</b>		Address <b>Kirkville, Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>failure</b> <b>Modular</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <b>Internal hemorrhage</b> DUE TO (c) <b>Automobile Accident</b>										INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>  <b>Instant</b>			
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 checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <b>Involved with a truck in an accident</b> <b>See State Highway Patrol report.</b>									
20c. TIME OF INJURY <b>6:15</b>		Hour <b>a.m.</b> Month, Day, Year <b>March 24, 1960</b>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>63-10 miles south of Moberly,</b>		20f. CITY, TOWN, OR LOCATION <b>Randolph</b>		COUNTY <b>Missouri</b>		STATE	
21. I attended the deceased from <b>6:15 A.M. 3-24-60</b> and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>Bert S. Jolly D.O. Coroner</b>						22b. ADDRESS <b>203 N. Clark St., Moberly, Mo.</b>			22c. DATE SIGNED <b>3-31-60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>3-24-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oakwood Cemetery</b>				23d. LOCATION (City, town, or county) (State) <b>Milan Missouri</b>					
24. FUNERAL DIRECTOR <b>Davis &amp; Davis</b>				ADDRESS <b>Kirkville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-24-60</b>		REGISTRAR'S SIGNATURE <b>Seaborn</b>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 26 1960

VS APR 7 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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert B. Harris

Licensed Embalmer No. 4219  
P. O. Address Kubsville

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