URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 15 1960

-60-031379

STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 25

ENDED

1. PLACE OF DEATH
a. COUNTY Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon — Length of stay in 1b years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) West 8th Street — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Miller
c. CITY OR TOWN Eldon — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) West 8th Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JESSE Middle BRUCE Last COX

4. DATE OF DEATH Month September Day 8 Year 1960

5. SEX Male
6. COLOR OR RACE Caucasian
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-9-91
9. AGE (last birthday) 69 — 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) Feed Mill Worker (ret)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Keytsville, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Cox
13b. MOTHER'S MAIDEN NAME Elizabeth Lynch
14. NAME OF HUSBAND OR WIFE Barcie Cox

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. 354-03-3463
17. INFORMANT Address Mrs. Barcie Cox, Eldon, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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. ☐ 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 9/8/60, to and last saw ~~her~~ him alive on 9/7/60
Death occurred at 9:00 AM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robt. E. Murrell Dr.
22b. ADDRESS Eldon Mo.
22c. DATE SIGNED 9/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-10-60
23c. NAME OF CEMETERY OR CREMATORY Blue Springs
23d. LOCATION (City, town, or county) (State) Miller County, Missouri

24. FUNERAL DIRECTOR ADDRESS Phillips Funeral Home Eldon, Mo.
25. DATE RECD. BY LOCAL REG. Sept. 9, 1960
26. REGISTRAR'S SIGNATURE Alverretta Waltz

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Don E. Phillips

Signature of Student Embalmer

Licensed Embalmer No. 5108

P. O. Address Ellon

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