RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038722
STATE FILE NUMBER

LED VS NOV 14 1960
IDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 536

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN
Length of stay in 1b 9 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSPITAL
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE OKLAHOMA b. COUNTY DELAWARE
c. CITY OR TOWN GROVE
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 715 SO. GRAND AVE. (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOHN Middle DILLARD Last COX
4. DATE OF DEATH Month NOVEMBER Day 8, Year 1960
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Dec 4, 1904
9. AGE (last birthday) 55
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) SELF-EMPLOYED
10b. KIND OF BUSINESS OR INDUSTRY TRUCK DRIVER
11. BIRTHPLACE (City and state or country) GROVE OKLA.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOHN SAMUEL COX
13b. MOTHER'S MAIDEN NAME MARTHA JANE WOODALL
14. NAME OF HUSBAND OR WIFE HELEN SCOLES 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. UNK
17. INFORMANT MRS. HELEN COX, Address 715 S. GRAND, GROVE, OKLA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Ca Lungs & Brain
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Primary Ca Kidney
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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 Dec 28, 1959, to Nov 8, 1960 and last saw her/him alive on Nov 7, 1960
Death occurred at 6.35 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. D. Ralph (Degree or title) MD
22b. ADDRESS 107 Medical Arts, Joplin
22c. DATE SIGNED 11/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 11-8-60
23c. NAME OF CEMETERY OR CREMATORY Olympus Cemetery
23d. LOCATION (City, town, or county) (State) GROVE OKLA
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, ADDRESS JOPLIN, MO.
25. DATE RECD. BY LOCAL REG. 11-9-1960
26. REGISTRAR'S SIGNATURE Dorce Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

DEC 7 1980

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 _____

Signature of Student Embalmer

Licensed Embalmer No. 446

P. O. Address Joplin Mo

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.