MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 12 1960

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STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3460

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton
Length of stay in 1b: D.O.A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis County Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Carsonville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 8536 jenny dr.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CLARENCE Middle CLAYTON Last COX

4. DATE OF DEATH: Month November Day 28 Year 1960

5. SEX: M

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7-13-1904

9. AGE (last birthday): 56

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): clerk

10b. KIND OF BUSINESS OR INDUSTRY: McDonnell Aircraft

11. BIRTHPLACE (City and state or country): Dawson, Ill.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: WILLIAM COX

13b. MOTHER'S MAIDEN NAME: EDITH MANNING

14. NAME OF HUSBAND OR WIFE: Essie M. Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 493-07-4932

17. INFORMANT: Essie M. Cox
Address: Carsonville 8536 Jenny Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Coronary Thrombosis with Myocardial Infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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 ___, to ___ and last saw her/him alive on ___
Death occurred at 4:58A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John C. Murphy M.D.
John C. Murphy MD Asst. Health Commissioner

22b. ADDRESS: 801 S. Brentwood Clayton, Mo.

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: 11-30-1960

23c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory

23d. LOCATION (City, town, or county) (State): Pagedale, Mo.

24. FUNERAL DIRECTOR: Baumann Bros. Inc.
ADDRESS: 2504 Woodson Rd., Overland 14.

25. DATE RECD. BY LOCAL REG.: 11-29-60

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed David C. Gile

Signature of Student Embalmer

Licensed Embalmer No. 3645

P. O. Address Paulas

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