

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002180
STATE FILE NUMBER

FILED VS JAN 17 1961

Registration District No. 187 Primary Registration District No. 5702 Registrar's No. 9

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mooresville</u>		Length of stay in 1b. <u>5 days</u>		c. CITY OR TOWN <u>Braymer</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Archie Gastineau Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>PRISCILLA</u> Middle <u>COX</u> Last <u>COX</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>4</u> Year <u>1961</u>						
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12/3/1878</u>		9. AGE (last birthday) <u>83</u>		
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) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		
11. BIRTHPLACE (City and state or country) <u>Elkgrove, Mo.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>						
13a. FATHER'S NAME <u>Silas Sneed</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Harlow</u>			14. NAME OF HUSBAND OR WIFE <u>Louden Cox</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT <u>Archie Gastineau, Mooresville, Mo.</u>				
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) <u>Metallurgic Fatigue</u>								<u>sec</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								<u>sec</u>		
DUE TO (b) <u>Cerebral Hemorrhage</u>								<u>sec</u>		
DUE TO (c) <u>Cerebral Arteriosclerosis</u>								<u>years</u>		
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			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 _____ <u>on 1-4-61</u> and last saw her alive on <u>never</u> Death occurred at _____ <u>12:10 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>Jessalbright Do</u> (Degree or title)						22b. ADDRESS <u>Braymer, Mo.</u>		22c. DATE SIGNED <u>1-6-61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)			
<u>burial</u>		<u>1/6/1961</u>		<u>Evergreen Cemetery</u>			<u>Braymer, Mo.</u>			
24. FUNERAL DIRECTOR <u>Michael Funeral Home, Braymer, Mo.</u> ADDRESS					25. DATE RECD. BY LOCAL REG. <u>Jan. 6, 1961</u>		26. REGISTRAR'S SIGNATURE <u>Annaliese Taylor</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lemb, Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, Mo.

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