

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-002550

FILED VS FEB 9 1961 278

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 16

STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE TENNESSEE b. COUNTY DAVIDSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) LOUISIANA		Length of stay in 1b 3 mo.	c. CITY OR TOWN WASHVILLE
d. FULL NAME OF (if NOT in hospital, give location) PIKE CO HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1500 WARD AVE
3. NAME OF DECEASED (Type or print) First ELIJAH Middle WILLIAM Last COX		4. DATE OF DEATH Month FEB Day 1 Year 1961	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-4-1880
9. AGE (last birthday) 80		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) BRACK SMITH + FARMER.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BATCH TOWN ILL
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME WINTERTON COX	
13b. MOTHER'S MAIDEN NAME REASON SOPHIA HERALD		14. NAME OF HUSBAND OR WIFE FRANK COX LOUISIANA MO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT FRANK COX LOUISIANA MO		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C. V. A. DUE TO (b) Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Carcinoma of prostate (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 11/11/60 Prostatectomy			INTERVAL BETWEEN ONSET AND DEATH Sudden Sudden 3 months + 2 plus 4
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 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 10/30/60 to 1/31/61 and last saw him alive on 1/31/61 Death occurred at 1:35 A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Chas. H. Lewellen		22b. ADDRESS M.D. 122 S.3rd, Louisiana, Mo.	
22c. DATE SIGNED 2-3-61		22d. DATE SIGNED	
23a. BURIAL, CREMATION, or other final disposition (Specify) BURIAL		23b. DATE FEB-3-61	
23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM		23d. LOCATION (City, town, or county) (State) LOUISIANA MO	
24. FUNERAL DIRECTOR COLLIER FUNERAL SERVICE		25. DATE RECD. BY LOCAL REG. 2-4-61	
26. REGISTRAR'S SIGNATURE Bernice Collier		26. REGISTRAR'S SIGNATURE	

LOUISIANA MO

(Licensed Embalmer's Statement on Reverse Side)

MAR 15 1961

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 Wm M. Culler

Licensed Embalmer No. 3839

P. O. Address Louisiana

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.