

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012542
STATE FILE NUMBER

AMENDED

Registration District No. 30 Primary Registration District No. 5104 Registrar's No. 12

FILED APR 17 1961

1. PLACE OF DEATH a. COUNTY <u>BENTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tom Township</u>		Length of stay in 1b <u>2 yrs.</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LAY CAMP.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2506 LISTER</u>
3. NAME OF DECEASED (Type or print) First <u>CLIFFORD</u> Middle <u>VAN BUREN</u> Last <u>COX</u>			4. DATE OF DEATH Month <u>APRIL</u> Day <u>9</u> Year <u>1961</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN 22, 1894</u>
9. AGE (last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>17</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chew Plant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Motor Plant</u>	11. BIRTHPLACE (City and state or country) <u>Afton, Oklahoma</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Tom Cox</u>	
13b. MOTHER'S MAIDEN NAME <u>Gmo CRAWFORD</u>		14. NAME OF HUSBAND OR WIFE <u>BERTHA 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>		17. INFORMANT <u>Bertha Cox</u> Address <u>Kansas City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <u>ACUE CIRCULATORY FAILURE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 HR.</u>
DUE TO (b) <u>ACUTE CORONARY THROMBOSIS</u>			<u>1 HR.</u>
DUE TO (c) <u>ARTERIOSCLEROSIS</u>			<u>2 YRS.</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 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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>			
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 <u></u> STATE <u></u>
21. I attended the deceased from <u>APRIL, 9, 1961</u> to <u>APRIL, 9, 1961</u> and last saw ^{her} _{him} alive on <u>APRIL, 9, 1961</u> Death occurred at <u>4:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>WARSAW, MO.</u>	22c. DATE SIGNED <u>4-9-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>APR 11, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>WARSAW BENTON, MO</u>
24. FUNERAL DIRECTOR <u>John F. Reser</u> ADDRESS <u>Warsaw</u>	25. DATE RECD. BY LOCAL REG. <u>Apr. 11 - 1961</u>	26. REGISTRAR'S SIGNATURE <u>Gas. A. Logan</u>	

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 by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.