MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014548
STATE FILE NUMBER

AMENDED

Registration District No. 242 Primary Registration District No. 5830 Registrar's No. 7

FILED MAY 8 1961

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

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

3. NAME OF DECEASED (Type or print) First Chola Middle Ann Last Cox
4. DATE OF DEATH Month 4 Day 21 Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9/18/1910
9. AGE (last birthday) 50
IF UNDER 1 YEAR Months 7 Days 3
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 Hotel
11. BIRTHPLACE (City and state or country) Perry County, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John L. Cox
13b. MOTHER'S MAIDEN NAME Ida Warren
14. NAME OF HUSBAND OR WIFE Never Married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Ernest Cox, Address Sikeston, Mo.

MEDICAL CERTIFICATION

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)	Pulmonary embolism	15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Thrombophlebitis of rt leg	10 days
DUE TO (c)		

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 3/14/61, to 4/21/61 and last saw her/him alive on 4/14
Death occurred at 4/21/61 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm. C. Crutchlaw (Degree or title) MD
22b. ADDRESS Sikeston, Mo
22c. DATE SIGNED April 21, 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/23/1961
23c. NAME OF CEMETERY OR CREMATORY Garden of Memories
23d. LOCATION (City, town, or county) Sikeston, Mo. (State)

24. FUNERAL DIRECTOR Albritton Funeral Home, ADDRESS Sikeston, Mo.
25. DATE RECD. BY LOCAL REG. 4-28-61
26. REGISTRAR'S SIGNATURE Kathryn L. McBain

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Raymond L Duffie

Licensed Embalmer No. 4798

P. O. Address Berne, M

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.