

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-023983

STATE FILE NUMBER

23983

Registration District No. **27** Primary Registration District No. **3005** Registrar's No. **79**

FILED AUG 2 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Bates			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Bourbon		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler, Mo.		Length of stay in 1b 3 weeks		c. CITY OR TOWN Ft. Scott	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 412 West Pine			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.F.D.#2
3. NAME OF DECEASED (Type or print) Fred Thomas Cox			4. DATE OF DEATH July 26, 1961		
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 3-30-1880		9. AGE (last birthday) 81		IF UNDER 1 YEAR Months 3 Days 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Waverly, Ill.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Samuel T. Cox		13b. MOTHER'S MAIDEN NAME Annie Desper	
14. NAME OF HUSBAND OR WIFE Addie Cox		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 Addie Cox R.F.D.#2, Ft. Scott, Kansas		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 hours	
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		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 Jan. 1, 1961 to July 26, 61 and last saw ^{her} him alive on July 26 - 61 Death occurred at 10 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) L. S. Laffner, M.D.			22b. ADDRESS 212 N. Main, Butler, Mo.		22c. DATE SIGNED 7/28/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-29-61		23c. NAME OF CEMETERY OR CREMATORY West Liberty	
23d. LOCATION (City, town, of county) Bourbon County, Kansas		23e. STATE Kansas		23f. REGISTRAR'S SIGNATURE Randall Army	
24. FUNERAL DIRECTOR Culver Underwood		ADDRESS Butler, Mo.		25. DATE RECD. BY LOCAL REG. July 29-1961	

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 John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler

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.