

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025804

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 169 Primary Registration District No. 4262 Registrar's No. 23

STATE FILE NUMBER

AMENDED **FILED AUG 7 1961**

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>KNOX</u>				a. STATE <u>MO</u>		b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KNOX CITY</u>			Length of stay in lb <u>2 WTS</u>	c. CITY OR TOWN <u>CLARENCE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>NELSON REST HOME</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>CLARENCE MO</u>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. SEX	
First <u>JENNIE</u>		Middle <u>LIND</u>		Last <u>COX</u>		Month Day Year <u>JULY 26 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>3-13-1914</u>	
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>HOUSEKEEPING</u>		11. BIRTHPLACE (City and state or country) <u>MACON COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>WIM BUTLER BARNES</u>			13b. MOTHER'S MAIDEN NAME <u>ALICE FARRAR</u>			14. NAME OF HUSBAND OR WIFE <u>WILLIAM WALTER 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>NO</u>		17. INFORMANT <u>MRS LOLA WELSH</u>		Address <u>NOVELTY 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>Coronary Occlusion</u>				<u>Immediate</u>
DUE TO (b)			<u>arteriosclerosis</u>				?
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. <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>July 14, 1961</u> to <u>July 26, 1961</u> and last saw her alive on <u>July 24, 1961</u> Death occurred at <u>3:00</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Waldo B. Deane MD</u>				22b. ADDRESS <u>Knox City MO</u>		22c. DATE SIGNED <u>7/28/61</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>7-28-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT LION CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>MACON COUNTY MO</u>		
24. FUNERAL DIRECTOR <u>GREENING CLARENCE MO</u>			ADDRESS <u>July 23 - 1961</u>		25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE <u>W. A. HUNTER</u>		

DATE AMENDED  
INSTEAD OF  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
BY AFFIDAVIT OF

DOCUMENT  
MEDICAL CERTIFICATION

AUG 2 1967

**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 Charles D. Greening

Licensed Embalmer No. 4925

P. O. Address Clarence 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.