

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044218

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1278

AMENDED

FILED DEC 26 1961

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 30 years		c. CITY OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Foster Rest Home			d. STREET ADDRESS (If outside, give location) 2842 College		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LINNA Middle LOUISA Last COX			4. DATE OF DEATH December 18, 1961 Month December Day 18 Year 1961		
5. SEX Female	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 2/24/1874	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (City and state or country) Marietta, Ohio.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Simeon Johnson		13b. MOTHER'S MAIDEN NAME Eleanor Conkel		14. NAME OF HUSBAND OR WIFE Jesse Cox, deceased.	
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 Springfield, Missouri. Ina L. Edmonds, 2842 College,		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage, Cerebral Arteriosclerosis DUE TO (b) Arteriosclerosis DUE TO (c) XXXXXXXXXX PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH Few hrs Quite few yrs.
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 7:00 a.m. A. Month, Day, Year 11, 22, 61		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		20g. COUNTY STATE	
21. I attended the deceased from 11, 22, 61 to 12, 18, 61 and last saw her/him alive on 12, 14, 61 Death occurred at 7:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Winnie M. Edmonds</i> (Degree or title)			22b. ADDRESS 505 Medical Arts Bldg Springfield, Mo.		22c. DATE SIGNED 12, 18, 61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/20/1961	23c. NAME OF CEMETERY OR CREMATORY Highlandville Cemetery		23d. LOCATION (City, town, or county) (State) Highlandville, Missouri.	
24. FUNERAL DIRECTOR Springfield, Missouri. Ralph Thieme, 1200 Boonville Ave.			25. DATE RECD. BY LOCAL REG. 12-20-61	26. REGISTRAR'S SIGNATURE <i>Officer E. M. M. M.</i>	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Harold Futre

Licensed Embalmer No. 507

P. O. Address Sppl, Md

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.