

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045546

STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 45

AMENDED

FILED JAN 8 1962

DATE AMENDED

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE - Mo. b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Twp.		Length of stay in 1b Life	c. CITY OR TOWN Vienna, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION His Farm Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Jackson Twp.

3. NAME OF DECEASED (Type or print) First Grove Middle Cleveland Last Cox			4. DATE OF DEATH Month Dec. Day 28 Year 1961.		
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5. SEX Male	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 11/23/1883	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 1 Days 5	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Maries County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Nichols Cox	13b. MOTHER'S MAIDEN NAME Susan Boyd	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	17. INFORMANT Lavanghn Bray	Address St. Ann, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumed to be Natural Cause		INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) (Crown of Maries County notified)	
	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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)	
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year 12 29 61
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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 Vienna, Mo.	COUNTY Maries	STATE Mo.
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **8:30A** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mozeille Hutchison Local Registrar	22b. ADDRESS Vienna, Mo	22c. DATE SIGNED 12-29-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/29/61	23c. NAME OF CEMETERY OR CREMATORY Hughes Chapel	23d. LOCATION (City, town, or county) (State) Maries County, Mo
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24. FUNERAL DIRECTOR W. C. Birmingham	ADDRESS Vienna, Mo.	25. DATE RECD. BY LOCAL REG. 12-29-1961	26. REGISTRAR'S SIGNATURE Mozeille Hutchison
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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

W. C. Birmingham
Licensed Embalmer No. *3664*

P. O. Address *Vienna, Mo.*

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.