

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-001583

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 174

FILED JAN 25 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b life	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5723 Troost
3. NAME OF DECEASED (Type or print) First Earl Middle Last Cox		4. DATE OF DEATH Month Jan. Day 10 Year 1962	

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 10-15-1892	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
--------------------	-------------------------------	---	------------------------------------	----------------------------------	---	----------------

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) railroad	10b. KIND OF BUSINESS OR INDUSTRY K. C. Southern	11. BIRTHPLACE (City and state or country) Eve., Mo.	12. CITIZEN OF WHAT COUNTRY USA
--	--	--	---

13a. FATHER'S NAME Enoch Cox	13b. MOTHER'S MAIDEN NAME Mollie Downs	14. NAME OF HUSBAND OR WIFE Bessie May Cox
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address K. C. Mo. Mrs. Bessie May Cox, 5723 Troost
---	-------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE		INTERVAL BETWEEN ONSET AND DEATH 5-6 mo.
DUE TO (b) ARTERIO SCLEROSIS		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS		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 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 July 1961 to 1/10/62 and last saw her/him alive on 1/10/62 Death occurred at 3:50 P on the date stated above, and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE M. Masucci (Degree or title) Joseph M. Masucci M.D.	22b. ADDRESS 636 Ogyle Bldg K.C. Mo	22c. DATE SIGNED 1/12/62
23a. BURIAL, CREMATION, REBURY (Specify) Burial	23b. DATE 1-13-1962	23c. NAME OF CEMETERY OR CREMATORY Floral Hills, Inc
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri		

24. FUNERAL DIRECTOR Floral Hills Memorial Chapels, Inc	25. DATE RECD. BY LOCAL REG. 1-12-62	26. REGISTRAR'S SIGNATURE Ruth Long
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

Dr. Emma
501 245 330
1-7824 (1-4:30)
Hawaii, H. 30
5:30
Apple
Old

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 *C. M. Jones*

Licensed Embalmer No. 3453

P. O. Address H. E. Tan

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.