

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003073

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 31

AMENDED

FILED FEB 14 1962

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rolla</b>		Length of stay in 1b <b>3 Weeks</b>	c. CITY OR TOWN <b>Rolla</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1605 Holloway</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>SAMUEL</b> Middle <b>WAYNE</b> Last <b>COX</b>			4. DATE OF DEATH Month <b>February</b> Day <b>4</b> Year <b>1962</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-9-1896</b>	9. AGE (last birthday) <b>65</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Stores</b>	11. BIRTHPLACE (City and state or country) <b>Edgar Springs, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Thomas Cox</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Beets</b>		14. NAME OF HUSBAND OR WIFE <b>Iva L. Cox</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>XX</b>	17. INFORMANT <b>Mrs. Iva L. Cox, 1605 Holloway</b>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Coronary thrombosis</i>	DUE TO (b) <i>Cerebral thrombosis</i>	<b>7 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) <i>Cardio vascular renal disease + nephritis</i>	<b>5 yrs</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Bleeding gastric ulcer</i>	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.)
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>Rolla</b>	COUNTY <b>Phelps</b>	STATE <b>Missouri</b>
21. I attended the deceased from <i>May 1958</i> to <i>Feb. 4, 1962</i> and last saw her/him alive on <i>Feb. 4, 1962</i> Death occurred at <i>12:45 AM</i> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>Richard M. ...</i>	(Degree or title)	22b. ADDRESS <i>Newburg, Mo.</i>	22c. DATE SIGNED <b>2/6/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-6-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Edgar Springs Cemetery</b>	23d. LOCATION (City, town, or county) <b>Edgar Springs, Mo.</b>
24. FUNERAL DIRECTOR Null & Son Funeral Home .. Rolla By <i>Paul E. Null</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Feb. 6, 1962</b>	26. REGISTRAR'S SIGNATURE <i>Nadene L. Stoll</i>

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

FEB 15 1962

**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 Paul E. Mullen

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.