

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-010048

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 651

FILED MAR 26 1962

VS 300 Rev. 4/59

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28030

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Length of stay in 1b 3 Weeks	c. CITY OR TOWN North Little Rock Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3512 Lochlane Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JEAN MORT COX			4. DATE OF DEATH Month Day Year March 6, 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 3-3-1918
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman - Missouri-Pacific R.R.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 44
11a. FATHER'S NAME Mort S. Cox		11b. MOTHER'S MAIDEN NAME Lulu Pardew	11. BIRTHPLACE (City and state or country) North Little Rock, Ark. USA
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) Yes		12b. SOCIAL SECURITY NO. W. W. # 11	12. CITIZEN OF WHAT COUNTRY USA
13. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular fibrillation		14. NAME OF HUSBAND OR WIFE Inez Hodges Cox	
DUE TO (b) Acute myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 2 minutes	
DUE TO (c) Congestive heart failure		18 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive heart failure			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 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 2-16-62 to 3-6-62 and last saw her/him alive on 3-6-62		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE W.D. Robertson (Degree or title) M. D.		22b. ADDRESS Poplar Bluff, Missouri	22c. DATE SIGNED 3-14-62
23a. BURIAL, CREMATION, REMOVAL (Specify). Removal	23b. DATE 3-7-1962	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) No. Little Rock, Ark.
24. FUNERAL DIRECTOR Ruebel Funeral Home Little Rock, Ark. ADDRESS		25. DATE RECD. BY LOCAL REG. 3/21/1962	26. REGISTRAR'S SIGNATURE Helene Gibson

USE BLACK INK OR TYPEWRITER RIBBON

APR 2 1962

Alumnus returned

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 Philip J. Cassey

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff, 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.