

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021717

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

6225

Registrar's No.

88

STATE FILE NUMBER

FILED JUN 12 1962

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Vernon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township | | Length of stay in lb 9 mo. 16 da. | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 3. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First James Middle Harvey Last Cox | | 4. DATE OF DEATH Month 5 Day 31 Year 62 | |
| 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 9-17-1870 |
| 9. AGE (last birthday) 91 | | IF UNDER 1 YEAR Months 91 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | |
| 11. BIRTHPLACE (City and state or country) Henry County, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME James Wiley Cox | | 13b. MOTHER'S MAIDEN NAME Kaufelt | |
| 14. NAME OF HUSBAND OR WIFE 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. None | | 17. INFORMANT Address Hospital Records - Nevada, Missouri. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis | | | 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"/> None | 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 8-15-61 | 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.) The staff | | |
| 20f. CITY, TOWN, OR LOCATION 6:45 PM | | COUNTY 5-31-62 | |
| 21. Attended the deceased from 8-15-61 to 5-31-62 and last saw him alive on 5-31-62 | | Death occurred at viewed the remains on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Signature or title) E. Allen Pickens MD | | 22b. ADDRESS Nevada, Missouri. | |
| 22c. DATE SIGNED 5-31-62 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6-2-1962 | 23c. NAME OF CEMETERY OR CREMATORY Greenfield Cem | 23d. LOCATION (City, town, or county) (State) 3 S. W. Jerico spg |
| 24. FUNERAL DIRECTOR W.P. Long | | 25. DATE RECD. BY LOCAL REG. 6-7-1962 | |
| 26. REGISTRAR'S SIGNATURE Anna G. Ivory | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1080

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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 _____

Licensed Embalmer No. 3714

P. O. Address Jervis Ave. No

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.