

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027692

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 117

STATE FILE NUMBER

**FILED JUL 19 1962**

a. COUNTY Lawrence County

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Aurora Length of stay in 1b 1 day

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Community Hospital Inside Limits Yes  No

d. STREET ADDRESS (if outside, give location) 303 Mill Street Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last (Type or print) Henrietta W. Cox

4. DATE OF DEATH Month Day Year July 11, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH August 1, 1871 9. AGE (last birthday) 90

10a. USUAL OCCUPATION (Give kind of work done during most of working life, given if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) DeSoto, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jesse L. Walker 13b. MOTHER'S MAIDEN NAME Christina Baumann 14. NAME OF HUSBAND OR WIFE Henry B. Cox

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. 17. INFORMANT Address Miss Fannie Cox, Marionville, 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) *Coronary Heart Failure*  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) *Generalized A.S.*  
 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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 1960 4:35 p. to death and last seen alive on 7/11/62  
 Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *D.A. Morrison M.D. Aurora Mo.* 22b. ADDRESS 22c. DATE SIGNED 7-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE July 14, 1962 23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery 23d. LOCATION (City, town, or county) Marionville, Missouri.

24. FUNERAL DIRECTOR ADDRESS Bradford-Surridge, Marionville, Mo. 25. DATE RECD. BY LOCAL REG. 7-12-62 26. REGISTRAR'S SIGNATURE *George Langley per P. Phillips*

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

Dr. Morrison USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59  
 1 0557  
 2 0550  
 3 2  
 4 1  
 5 2  
 6  
 7 0  
 8 2  
 9 4500  
 10  
 11  
 12 1-0  
 13 1-0

**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 William A. Fuller

Licensed Embalmer No. 4658

P. O. Address Marionville

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.