

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045685

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 208

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1085

2 8120

3 2

4 0

5 1

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7 1

8 2

9 420.1

10

11

12 92-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

1. FILED DEC 4 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Vernon		a. STATE Illinois		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Nevada		Length of stay in 1b 3 days		c. CITY OR TOWN LaGrange	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Nevada Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 11001 Linn Court	
3. NAME OF DECEASED (Type or print)		First EDWIN Middle J.R. Last COX		4. DATE OF DEATH Month November Day 23 Year 1962	
5. SEX M	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-24-1914	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electronics Engineer		10b. KIND OF BUSINESS OR INDUSTRY Int. Tel. and Tel.		11. BIRTHPLACE (City and state or country) Gibtown, Texas	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME James Robert Cox		13b. MOTHER'S MAIDEN NAME Eliza Irons	
14. NAME OF HUSBAND OR WIFE Anna Mae Cox		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. <input type="checkbox"/>	
17. INFORMANT Anna Mae Cox		Address LaGrange, Illinois		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion 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)		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		INTERVAL BETWEEN ONSET AND DEATH one hour	
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 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 Mon 11/23/62 and last saw ^{her} him alive on 11/28/62 Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Ray W. Chase</i>		(Degree or title)		22b. ADDRESS Nevada	
22c. DATE SIGNED 11/24/62		22d. LOCATION (City, town, or county) (State) Vernon County, Missouri			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE November 25 1962		23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery	
23d. FUNERAL DIRECTOR Ferry Funeral Home		ADDRESS Nevada, Missouri		23e. DATE RECD. BY LOCAL REG. 11-30-1962	
26. REGISTRAR'S SIGNATURE <i>Anna E. Perry</i>					

USE BLACK INK OR TYPEWRITER RIBBON

DEC 5 1962

DEC 17 1962

JAN 14 1963

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

Ray E. Ireland

Licensed Embalmer No. 50511

P. O. Address Nevada, Missouri

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.