MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002549
STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 6

FILED JAN 14 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Morgan Twp.
Length of stay in 1b: 22 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mercer Co. Rest Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Mercer
c. CITY OR TOWN: Mercer
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mary Middle: Elizabeth Last: Cox

4. DATE OF DEATH Month Day Year: Jan. 6, 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Sept 11, 1884
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

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

13a. FATHER'S NAME: Alexander Underwood
13b. MOTHER'S MAIDEN NAME: Rebecca Clifton
14. NAME OF HUSBAND OR WIFE: Jack Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of
16. SOCIAL SECURITY NO.
17. INFORMANT: Jack Cox Address: Mercer, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Hemorrhage	10 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertension	3 yrs.
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 a.m. p.m. Month, Day, Year

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 April 1961 to 11-16-62 and last saw her/him alive on 11-16-62
Death occurred at 12.40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Douglas A. Pierce, DO.
22b. ADDRESS: Princeton, Mo.
22c. DATE SIGNED: 1-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 8, 1963
23c. NAME OF CEMETERY OR CREMATORY: Farley Cemetery
23d. LOCATION (City, town, or county) (State): Mercer County, Mo.

24. FUNERAL DIRECTOR: Ames Greenlee
ADDRESS: Lineville Iowa
25. DATE RECD. BY LOCAL REG.: 1-8-63
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

Permit obtained 1-8-63 J.H.

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 Ernest L. Greenlee

Licensed Embalmer No. 3967

P. O. Address Greenville Ala

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.