

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023850-2

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 119 Primary Registration District No. 5436 Registrar's No. 32

FILED JUL 10 1963

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) Mt Sterling		c. CITY OR TOWN Linn	
Length of stay in 1b 17 days		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rev. Armbruster Home		d. STREET ADDRESS (If outside, give location) R F D	
3. NAME OF DECEASED (Type or print) Emma Pauline Cox		4. DATE OF DEATH Month Day Year July 4th, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 5-22-1875
9. AGE (last birthday) 88	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		11. BIRTHPLACE (City and state or country) Osage County Missouri
12. CITIZEN OF WHAT COUNTRY U S A		13. FATHER'S NAME Grundy Hood	
14. MOTHER'S MAIDEN NAME Josephine Black		15. NAME OF HUSBAND OR WIFE W. T. Cox	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. Mrs. Gus Hartwig . Chamois, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u> DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Arteriosclerosis, generalized</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH	
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 <u>6-24-63</u> to <u>7-4-63</u> and last saw her alive on <u>7-3-63</u> Death occurred at <u>7-00 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (of signer or title) <u>Thomas W. Baldwin D.O.</u>		22b. ADDRESS <u>Linn</u>	
22c. DATE SIGNED <u>7-5-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7-6-1963		23c. NAME OF CEMETERY OR CREMATORY Useful Cemetery	
23d. LOCATION (City, town, or county) (State) Linn, Mo. R R		24. FUNERAL DIRECTOR Mortons Funeral Service, Inc. Linn, Mo.	
25. DATE RECD. BY LOCAL REG. 7 - 5th - 1963		26. REGISTRAR'S SIGNATURE <u>Wilma Uffelman</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1 0370
2 0760
3
4 1
5 1
6
7 0
8 0
9 331X
10
11
12 90-2
13 1-0

DATE AMENDED

JUL 11 1968

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

Vernon M. Morton

Licensed Embalmer No.

4125

P. O. Address

Levin, 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.