

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032775

Registration District No. 382 Primary Registration District No. 5655 Registrar's No. 302

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0550
2 0550
3 1
4 0
5 1
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7 0
8 2
9 410X
10
11
12 86-2
13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 28 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)	
a. COUNTY <u>Lawrence</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Vernon</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bliss Haven</u>		Length of stay in 1b <u>1 yr.</u>		c. CITY OR TOWN <u>Mt. Vernon</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		Reside on Farm	
First <u>George</u> Middle <u>Henry</u> Last <u>Cox</u>		Month <u>Aug.</u> Day <u>17</u> Year <u>1963</u>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-7-1887</u>	9. AGE (last birthday) <u>76</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Lawrence Com. Mo.</u>	
13a. FATHER'S NAME <u>George W. Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Barber</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>NPS World I</u>		17. INFORMANT <u>Mrs. Eula Cox</u>		14. NAME OF HUSBAND OR WIFE <u>Eula Cox</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Circulatory Failure</u>				<u>12 hr</u>	
DUE TO (b) <u>Cor Pulmonale</u>				<u>3 weeks</u>	
DUE TO (c) <u>mitral Stenosis</u>				<u>Unknown</u>	
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	
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 <u>9:20</u> a.m. <u>PM</u>	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 from <u>Jan 11 1963</u> to <u>Aug 17 1963</u> and last saw him alive on <u>Aug 17 1963</u>					
Death occurred at <u>9:20 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Harold E. George DO</u>			22b. ADDRESS <u>Mt Vernon Mo</u>		22c. DATE SIGNED <u>8/21/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-21-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Habit town</u>	23d. LOCATION (City, town, or county) (State) <u>S. of Habit town Mo</u>		
24. FUNERAL DIRECTOR <u>J.R. Leiman</u>		ADDRESS <u>Miller Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-23-63</u>	26. REGISTRAR'S SIGNATURE <u>Roy Gunther/RW</u>	

JUN 29 1963

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7014

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 *L. R. Laman*

Licensed Embalmer No. 3297

P. O. Address Miller 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.