

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0044944

DO NOT WRITE
ON THIS STUB

AMENDED

NMF ILED 25 64/6

Primary Registration District No.

3026

Registrar's No.

571-

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN INDEPENDENCE

Length of stay in 1b

20 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 611 West Lexington

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY JACKSON

c. CITY
OR TOWN INDEPENDENCE

INDEPENDENCE

d. STREET
ADDRESS 611 WEST LEXINGTON

(If outside, give location)

611 WEST LEXINGTON

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

MARY

Middle

B.

Last

COX

4. DATE
OF DEATH

Month

Day

Year

NOVEMBER 18, 1964

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married

Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

5-5-1880

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

Days

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

HOMEMAKER

11. BIRTHPLACE (City and state or country)

CARROLLTON, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

OLIVER ELLIOTT

13b. MOTHER'S MAIDEN NAME

ELIZABETH WARREN

14. NAME OF HUSBAND OR WIFE

DECEASED

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.

NONE

17. INFORMANT

Audrey Owen, 611 W. Lexington, Indep. 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)

cardiac decompensation

INTERVAL BETWEEN
ONSET AND DEATH

1 wk.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

arterial sclerotic cardiovascular

2-3 yrs

DUE TO (c)

422. Disease

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☐ Unknown19. 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
INJURYHour
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 1962 to Nov 18-64 and last saw her alive on 11-14-64
Death occurred at 10:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Merrill B. Bay M.D.

22b. ADDRESS

Blue Springs Mo

22c. DATE SIGNED

11-21-64

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

11-21-64

23c. NAME OF CEMETERY OR CREMATORY

BUCKNER CEMETERY

23d. LOCATION (City, town, or county)

BUCKNER, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

GEO. C. CARSON & SONS, INDEPENDENCE, MO.

25. DATE RECD. BY LOCAL REG.

11-21-64

26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

PA Day
C A 8-5-33
11-21-64

JUN 22 1966

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

Phil Roberto

Licensed Embalmer No. 4232

P. O. Address K. C. 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.