

# MISSOURI DIVISION OF HEALTH—STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 5505 Registrar's No. 780010559 STATE FILE NUMBER

VS 300  
Rev. 4/59

1 0420  
2 0420  
3  
4 0  
5 1  
6  
7 0  
8 10  
9 4201  
10  
11  
12 94-2  
13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY Henry

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

Length of stay in 1b

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

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Henry

c. CITY OR TOWN Urich Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) RFD 1 Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)  
First James Middle Earl Last Cox

4. DATE OF DEATH  
Month April Day 7 Year 1965

5. SEX M

6. COLOR OR RACE W

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3-31-1886

9. AGE (last birthday) 79  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer

10b. KIND OF BUSINESS OR INDUSTRY  
Farm

11. BIRTHPLACE (City and state or country)  
Cass County, Mo.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME  
Horace Cox

13b. MOTHER'S MAIDEN NAME  
Lizzie Henderson

14. NAME OF HUSBAND OR WIFE  
Veta Creighton Cox.

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.  
490-05-9140

17. INFORMANT  
Address Mrs Mrs Veta Cox, Urich, 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) Coronary Thrombosis  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
DUE TO (b)  
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH  
2 1/2 hours or less

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 1964 to Apr 7, 1965 and last saw her alive on Apr 4, 1965  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
Wesley D.D.

22b. ADDRESS  
105 E Ohio Clinton Mo

22c. DATE SIGNED  
Apr 7, 1965

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
4-9-65

23c. NAME OF CEMETERY OR CREMATORY  
Grant

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

(State)

24. FUNERAL DIRECTOR  
ADDRESS  
Snow's Funeral Home, Urich, Mo.

25. DATE RECD. BY LOCAL REG.  
April 7, 1964

26. REGISTRAR'S SIGNATURE  
Mildred Biggs

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

W. H. Witzel

APR 14 1965

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 Merle Snow

Licensed Embalmer No. 4034

P. O. Address Irish, 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.