

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137

Primary Registration District No. 428

Registrar's No. 0015323

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 16 1965

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor</u>		c. CITY OR TOWN <u>Leeton</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Comm. Conval. Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>(none)</u>
3. NAME OF DECEASED (Type or print) First <u>Marshall</u> Middle <u>(none)</u> Last <u>Cox</u>		4. DATE OF DEATH Month <u>April</u> Day <u>12</u> Year <u>1965</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-13-1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rt. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>77</u>
11. BIRTHPLACE (City and state or country) <u>Bloomfield, Ind.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Robert Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Melvina Henry</u>	
14. NAME OF HUSBAND OR WIFE <u>Jessie May Cox</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>(none)</u>		17. INFORMANT <u>Jessie May Cox</u> Address <u>Leeton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <u>Acute Pyelonephritis and Azotemia</u> <u>Secondary to Cerebral Vascular Accident -</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>4 months</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>5:00</u> a.m. <u>P.M.</u> Month, Day, Year <u>4-12-65</u>	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 <u>Windsor, Mo.</u>	
20g. COUNTY <u>Johnson</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>2-15-65</u> to <u>4-12-65</u> and last saw him alive on <u>4-12-65</u> Death occurred at <u>5:00 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Clyde DesCombs, M.D.</u>		22b. ADDRESS <u>Windsor, Mo.</u>	
22c. DATE SIGNED <u>4/13/65</u>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-14-1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mineral Creek Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Leeton Johnson Mo.</u>
24. FUNERAL DIRECTOR <u>Clyde DesCombs</u>		25. DATE RECD. BY LOCAL REG. <u>April 14, 1965</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		27. DATE SIGNED	

EX-100

**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

*Clifford Gouge*

Licensed Embalmer No. 5014

P. O. Address Windsor, 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, she also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.