

FILED MAR 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8183

42  
20

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. LENGTH OF STAY (In this place) <u>18 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>302 East Florence</u>			d. STREET ADDRESS (If rural, give location) <u>302 East Florence</u>			
3. NAME OF DECEASED (Type or Print) <u>Wesley</u>		a. (First)	b. (Middle)	c. (Last) <u>Cox</u>		
4. DATE OF DEATH <u>March 17 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 3, 1869</u>		9. AGE (In years, last birthday) Months Days <u>80</u> <u>2</u> <u>14</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS/OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Shelbyville, Illinois</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>John Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Lottie Boaz</u>		
14. NAME OF HUSBAND OR WIFE <u>Anna Stockdale Cox</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Mark Cox</u>		ADDRESS <u>Windsor, Missouri</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Embolism</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/22</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Windsor Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Mar 16, 1949</u> , to <u>Mar 17, 1949</u> , that I last saw the deceased alive on <u>Mar 17, 1949</u> , and that death occurred at <u>7:45</u> P.M., from the causes and on the date stated above.						
23a. SIGNATURE <u>[Signature]</u>		(Degree or title)		23b. ADDRESS <u>Windsor Mo</u>		
23c. DATE SIGNED <u>3/18/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-19-49</u>		
24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>		24d. LOCATION (City, town, or county) (State) <u>Windsor, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Mar 20 - 49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		422 25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston-Turner</u>		
				ADDRESS <u>Windsor Mo.</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number 2-49-2

Date Filed 3-28-4

SEP 16 1953

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.

Signed William M. Turner

Signed.....  
Student Embalmer

Licensed Embalmer No. 4648

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