

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16399

State File No.

2038

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>20 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		588 350	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4332 SPRUCE</u>				d. STREET ADDRESS (If rural, give location) <u>4332 SPRUCE</u>			
3. NAME OF DECEASED (Type or Print) <u>HATTIE</u>		a. (First)		b. (Middle)		c. (Last) <u>COX</u>	
4. DATE OF DEATH		(Month) <u>5</u>		(Day) <u>2</u>		(Year) <u>1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>16 SEPT 1878</u>		9. AGE (in years last birthday) <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JACOB BAREMORE</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN LEWIS</u>		14. NAME OF HUSBAND OR WIFE <u>WALTER L. COX</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GRACE RILEY</u> ADDRESS <u>4005 JACKSON K.C. MO.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> (b) <u>pneumonia bronchial</u> DUE TO (b) <u>pneumonia bronchial</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 <u>few hours</u> <u>1 month</u> <u>4911</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)			
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>3-1-52</u> , 19 <u> </u> , to <u>5-2-52</u> , 19 <u> </u> , that I last saw the deceased alive on <u>5-2-52</u> , 19 <u> </u> , and that death occurred at <u>4 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. M. Nigro</u> (Degree or title) <u>0 M.D.</u>		23b. ADDRESS <u>925 Argyle Bldg., Kansas City, Mo.</u>		23c. DATE SIGNED <u>5-5-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 5-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>5-5-52</u>		REGISTRAR'S SIGNATURE <u>E. Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FLORAL HILLS MEMORIAL CHAPEL B K.C.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

~~DM~~ DM Nigro after 9:30
Angels Bldg
Na 2388

207 E 51st Trn
Vz 6992

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4853

P. O. Address _____

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.