

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **21393**

FILED JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4218** Registrar's No. **145**

4204

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Windsor		c. CITY (If outside corporate limits, write RURAL and give township) Windsor	
c. LENGTH OF STAY (In this place) 4 years		d. STREET ADDRESS (If rural, give location) 300 E. Florence St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Miller Rest Home		e. FULL NAME OF HOSPITAL OR INSTITUTION Miller Rest Home	
3. NAME OF DECEASED (Type or Print) a. (First) ANNA		b. (Middle) STOCKDALE	
c. (Last) COX		4. DATE OF DEATH (Month) (Day) (Year) June 14, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? Widowed	8. DATE OF BIRTH Feb. 2 1868
9. AGE (In years last birthday) 85		10. MONTHS 4 DAYS 11 HOURS 1 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) Zanesville, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Solomon Stockdale		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Wesley 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. none		17. INFORMANT'S SIGNATURE OR NAME Mark Cox ADDRESS Windsor, Missouri	
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) arteriosclerotic Heart Disease ANTECEDENT CAUSES (Terminal Broncho-Pneumonia) DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
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) _____	
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 Jan 4th 1953 to June 14, 1953 , that I last saw the deceased alive on June 13, 1953 , and that death occurred at 4:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Claude M. Shurber M.D.		23b. ADDRESS Windsor, Mo.	
23c. DATE SIGNED 6/15/53		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6-15-53		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak	
24d. LOCATION (City, town, or county) (State) Windsor, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Huston Turner ADDRESS Windsor, Missouri	
DATE REC'D BY LOCAL REG. June 15-53		REGISTRAR'S SIGNATURE Florence Odaw	

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 _____

William M. Furrer

Licensed Embalmer No. 4648

P. O. Address Chicksee, 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.