

FILED VS AUG 4 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-024011

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax		Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Rock Port.		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fairfax Com. Hosp.		Length of stay in lb 1 hr.		d. STREET ADDRESS none (If outside, give location)		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Hardin Middle Charles Last Cox Sr.				4. DATE OF DEATH Month 7 Day 24 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 5-11-1887	9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 2 Day 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (City and state or country) Jacksonville, Ill.		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Hardin Cox		13b. MOTHER'S MAIDEN NAME Martha Saunders		14. NAME OF HUSBAND OR WIFE Freda Staple Cox.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI		16. SOCIAL SECURITY NO. 495-01-6276		17. INFORMANT John H. Cox		Address Rock Port.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Paroxysmal tachycardia with disintegration of conduction system - DUE TO (b) arteriosclerotic heart disease DUE TO (c) coronary artery arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201						INTERVAL BETWEEN ONSET AND DEATH 4 hrs - 10 yrs 12 yrs	
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. Month, Day, Year p.m.							
20d. INJURY OCCURRED WHILE AT ☐ 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 1950 to 7-24-59 and last saw him alive on 7-24-59 Death occurred at 11:22 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Bartholomew Mortuary				22b. ADDRESS Rock Port - Mo.		22c. DATE SIGNED 7-27-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-27-1959		23c. NAME OF CEMETERY OR CREMATORY Greenhill Cem.		23d. LOCATION (City, town, or county) (State) Rock Port, Mo.	
24. FUNERAL DIRECTOR Bartholomew Mortuary, Rockport		ADDRESS July 29, 1959		25. DATE RECD. BY LOCAL REG. July 29, 1959		26. REGISTRAR'S SIGNATURE Marvin A. Schoeler	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Graf Barthelme*

Licensed Embalmer No. 3173

P. O. Address Rock Port, 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.