Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030055
STATE FILE NUMBER

FILED SEP 3 1958 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 323

1. PLACE OF DEATH
a. COUNTY St Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 105 S W. Main — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St Francois
c. CITY OR TOWN Bonne Terre — Inside Limits Yes X No ☐
d. STREET ADDRESS 105 S W. Main (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Mr. Middle William Last Cox

4. DATE OF DEATH: Month Aug. Day 19 Year 1958

5. SEX: Male
6. COLOR OR RACE: White-Cauc.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED ☒
8. DATE OF BIRTH: Jul. 27-1877
9. AGE (In years last birthday): 81-5-22
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shop operator
10b. KIND OF BUSINESS OR INDUSTRY: St Joseph Lead Co
11. BIRTHPLACE (City and state or country): Madison Co. near Zion Mo
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Mr. Elijah Marion Cox
14. MOTHER'S MAIDEN NAME: Nancy Jane Sturgeon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 493-03-9118
17. INFORMANT: Mrs Rena Cox, Mustard — Address: 105 S W. Main Bonne Terre Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis general
DUE TO (c): 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Arterio-Sclerotic Heart disease

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 not attended to _____ and last saw her him alive on _____
Death occurred August 19. 6:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M O Bailey (Degree or title) M D
22b. ADDRESS: Desloge Mo
22c. DATE SIGNED: 8-22-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: August 22-1958
23c. NAME OF CEMETERY OR CREMATORY: St Francois memorial Park
23d. LOCATION (City, town, or county) (State): Bonne Terre, Mo. Route No. 1, Mo.

24. FUNERAL DIRECTOR: Abner W. Hood — ADDRESS: Flat River, Mo
25. DATE RECD. BY LOCAL REG.: Aug. 23, 1958
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

SEP 4 1928

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed ..... Licensed Embalmer No. 278

303 Crane St.,

P. O. Address ..... Flat River, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.