5. No.200
v. 10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32144

BIRTH NO. ______ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 95

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

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lexington Twp
c. LENGTH OF STAY (in this place): 2 1/2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lafayette County Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Corder, Mo 0544
d. STREET ADDRESS (If rural, give location): 3 block off Highway.

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Lee c. (Last) Cox

4. DATE OF DEATH (Month) (Day) (Year): September 25 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov 17, 1866
9. AGE (In years last birthday): 85; If under 1 year: Months 10, Days 8; If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Day
10b. KIND OF BUSINESS OR INDUSTRY: Day Laborer
11. BIRTHPLACE (State or foreign country): Lafayette County Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Louis W. Cox
13b. MOTHER'S MAIDEN NAME: Eliza P. Fletcher
14. NAME OF HUSBAND OR WIFE: None

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.: None
17. INFORMANT'S SIGNATURE OR NAME: B. F. Cox ADDRESS: Rockford Nebr.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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: Benign Hypertrophy of Prostate 4200
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1, 1950, *to* Sept. 25, 1952, *that I last saw the deceased alive on* Sept 22, 1952 *and that death occurred at* 5:45 p.*m., from the causes and on the date stated above.*

23a. SIGNATURE: W. Koppenbrink (Degree or title) M.D.
23b. ADDRESS: Higginsville, Mo.
23c. DATE SIGNED: Sept 27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/27/52
24c. NAME OF CEMETERY OR CREMATORY: Dover Cemetery
24d. LOCATION (City, town, or county): Dover (State): Mo

DATE REC'D BY LOCAL REG.: 10-6-52
REGISTRAR'S SIGNATURE: Minnie Eberhardt 156-C
25. FUNERAL DIRECTOR'S SIGNATURE: E. S. James ADDRESS: Concordia Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Me

Student Embalmer No.

working under my personal supervision.

Student ....
Student Embalmer

Signed E. S. Jarm

Licensed Embalmer No. 205-8

P. O. Address Coronadia 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.