

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32731**

FILED SEP 22 1953

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **6022** Registrar's No. **68**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY OR TOWN Richmond - Rural		c. CITY OR TOWN Rural - Richmond	
c. LENGTH OF STAY (in this place) 50 years		d. STREET ADDRESS (If rural, give location) 1/2 mile West Richmond	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 mile West Richmond		e. STREET ADDRESS (If rural, give location) 1/2 mile West Richmond	

3. NAME OF DECEASED (Type or Print) a. (First) Selma	b. (Middle) (N)	c. (Last) Cox	4. DATE OF DEATH (Month) (Day) (Year) September 10, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 22, 1877	9. AGE (In years last birthday) 76	10. MONTHS 7	11. DAYS 18	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Florat	10b. KIND OF BUSINESS OR INDUSTRY Florat	11. BIRTHPLACE (City and State or Foreign Country) England	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Josiah Blakmore	13b. MOTHER'S MAIDEN NAME Hannah Thomas	14. NAME OF HUSBAND OR WIFE William Cox
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 492-38-245	17. INFORMANT'S SIGNATURE (OR NAME) Miss Violet Collins Regional	ADDRESS Mo
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH ?
	ANTECEDENT CAUSES Myocarditis		
	11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 1 - 5 30 AM 10, 1953** that I last saw the deceased alive on **Aug 10, 1953** and that death occurred at **10:30 PM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. J. D. [Signature]	23b. ADDRESS Richmond	23c. DATE SIGNED 9/14/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 13, 1953	24c. NAME OF CEMETERY OR CREMATORY Sumner State	24d. LOCATION (City, town, or county) (State) Richmond, Mo
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DATE REC'D BY LOCAL REG. Sept 16, 1953	REGISTRAR'S SIGNATURE Mabel Jackson	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 245 E. 21st St. Richmond, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

with -

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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
Student Embalmer

Signed _____

Licensed Embalmer No. 4066

P. O. Address Richmond, 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.