

FILED JAN 2 1969

124

STATE FILE NUMBER

68-050281

CERTIFICATE OF DEATH

Registration District No. 274 Primary Registration District No. 5935 Registrar's No. 481

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/68

9. 0
10a. 94
10b.
11. 0
12. 2
13. 486x
14.
15. 9
16.
17.
18. 0
19. CREDITS
20. 1-0

4. 0800

5. 86

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED, IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. 0800

PARENTS

CAUSE

CERTIFIER

BURIAL

| | | | |
|---|--|---|--|
| DECEASED—NAME FIRST MIDDLE LAST | | SEX | DATE OF DEATH (MONTH, DAY, YEAR) |
| 1. ALBERT B. COX | | Male | December 27, 1968 |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | AGE—(LAST BIRTHDAY) (YEARS) MOS. DAYS | UNDER 1 YEAR UNDER 1 DAY HOURS MIN. | DATE OF BIRTH (MONTH, DAY, YEAR) |
| White | 91 | | May 15, 1874 |
| CITY, TOWN, OR LOCATION OF DEATH | INSIDE CITY LIMITS SPECIFY YES OR NO | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | |
| Sedalia | No | Buena Vista Home, Georgetown Road | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | CITIZEN OF WHAT COUNTRY | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) |
| Missouri | USA | Widowed | Daisy Bradford Cox, deceased |
| SOCIAL SECURITY NUMBER | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | KIND OF BUSINESS OR INDUSTRY | |
| | Farmer Retired | General Agriculture | |
| RESIDENCE—STATE COUNTY | CITY, TOWN, OR LOCATION | INSIDE CITY LIMITS (SPECIFY YES OR NO) | STREET AND NUMBER |
| Missouri Pettis | Sedalia | No | Buena Vista Home Georgetown Rd., Sedalia, Mo. |
| FATHER—NAME FIRST MIDDLE LAST | MOTHER—MAIDEN NAME FIRST MIDDLE LAST | | |
| John Cox | Joan King Cox | | |
| INFORMANT—NAME | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | |
| Quincy Cox | R.F.D. Versailles, Missouri | | |
| PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| (a) Pneumonia DUE TO, OR AS A CONSEQUENCE OF. | | | 1 week |
| (b) DUE TO, OR AS A CONSEQUENCE OF. | | | |
| (c) DUE TO, OR AS A CONSEQUENCE OF. | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | AUTOPSY (YES OR NO) |
| | | | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | DATE OF INJURY (MONTH, DAY, YEAR) | HOUR | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) |
| | | | |
| INJURY AT WORK (SPECIFY YES OR NO) | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | |
| | | | |
| CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM | MONTH DAY YEAR | AND LAST SAW HIM/HER ALIVE ON | I DID/DID NOT VIEW THE BODY AFTER DEATH. |
| 21a. 3-19-56 | TO 21b. 12-27-68 | 21c. 12-22-68 | 21d. not |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED | | HOUR OF DEATH | THE DECEASED WAS PRONOUNCED DEAD |
| | | | |
| CERTIFIER—NAME (TYPE OR PRINT) | SIGNATURE | DEGREE OR TITLE | DATE SIGNED (MONTH, DAY, YEAR) |
| Karl B. Gonser M.D. | Karl B. Gonser | M.D. | 12/30/68 |
| MAILING ADDRESS—CERTIFIER | STREET OR R.F.D. NO. | CITY OR TOWN | STATE ZIP |
| 101 1/2 South Ohio | | Sedalia, MO. | 65301 |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | CEMETERY OR CREMATORY—NAME | LOCATION | CITY OR TOWN STATE |
| Burial | Moreau Cemetery | Rural Morgan County, Missouri | |
| DATE (MONTH, DAY, YEAR) | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | |
| Dec. 29, 1968 | Ewing Funeral Home, 7th at Osage, Sedalia, Missouri | | |
| FUNERAL DIRECTOR—SIGNATURE | REGISTRAR—SIGNATURE | DATE RECEIVED BY LOCAL REGISTRAR | |
| | | Dec 30, 1968 | |

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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

Dean Ewing

Licensed Embalmer No.

3847

P. O. Address

Sedalia 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.