

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

FILED JUL 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Calloway

State File No. 22821

Registration District No. 228

Primary Registration District No. 201

Registrar's No. 597

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Baptist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME Deley M. Fox

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William M. Fox 6. (c) Age of husband or wife if alive Dec. 1865 years

7. Birth date of deceased May 26 1865 (Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

MOTHER FATHER

12. Name John Okley

13. Birthplace Virginia (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H.H. McGee

(b) Address Mt. Grove, Mo.

17. (a) Removal (b) Date thereof 7/21/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Grove, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 7-23-48 (b) M.E. Landley (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Mt. Grove 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 1
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1948 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from June 9 1948 to July 20 1948 that I last saw her alive on 7/20/48 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus 1948
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H&B
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury

23. Signature Greg Calloway (M. D. or other) MD
Address Springfield Date signed 7/24/48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Matt E. Hamiller*.....

Licensed Embalmer No. *3808*.....

P. O. Address..... *Springfield 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.