

FILED JUL 18 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 22713

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 5141		Registrar's No. 279		
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived? If institution: residence before admission). a. STATE Missouri b. COUNTY Butler				
b. CITY OR TOWN Rural-Gillis Bluff		c. LENGTH OF STAY (in this place) 2 1/2 yrs		c. CITY OR TOWN Rural-Gillis Bluff		1 2 0 0 6		
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 2 1				d. STREET ADDRESS (If rural, give location) Route 2				
3. NAME OF DECEASED (Type or Print) John Fox			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH July 13, 1949		(Month)		(Day)		(Year)		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 18, 1871		
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 4		IF UNDER 6 HRS. Hours 26		IF UNDER 15 MIN. Min. 1		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) lumber man			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Fox		13b. MOTHER'S MAIDEN NAME Cynthia Crader		14. NAME OF HUSBAND OR WIFE Mary Fox		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mary Fox-Dulira, Missouri		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral embolus  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH  4500	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m. from the causes and on the date stated above.								
23a. SIGNATURE Grover D. Green, 3 Coronado Plaza Bluff Mo				(Degree or title)		23b. ADDRESS		
23c. DATE SIGNED 7-22-49		23d. BURIAL, CREMATION, REMOVAL (Specify) Burial		23e. DATE July 17, 1949		23f. NAME OF CEMETERY OR CREMATORY Crolla Cemetery		
23g. LOCATION (City, town, or county) (State) Dulira, Missouri R.R.		23h. DATE REC'D BY LOCAL REG. July 23, 1949		23i. REGISTRAR'S SIGNATURE Wm. H. Johnson		23j. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 428 6 Landon Funeral Home, Campbell, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 25 REC'D  
BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

749-209

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

*Christina M Landress*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.