

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **41692**

FILED JAN 6 1950

BIRTH NO. _____ REG. DIST. NO. **199** PRIMARY REG. DIST. NO. **4312** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Echel	c. LENGTH OF STAY (in this place) 25 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Echel	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Lulu	a. (First)	b. (Middle)	c. (Last) Fox	4. DATE OF DEATH (Month) (Day) (Year) Dec 21, 1949
--	------------	-------------	-------------------------	--

5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH May 23, 1884	9. AGE (In years last birthday) Months Days Hours Min. 65 6 28
---------------------	-------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Macon Co. Mo	12. CITIZEN OF WHAT COUNTRY?
--	---	--	------------------------------

13a. FATHER'S NAME John Deart	13b. MOTHER'S MAIDEN NAME Luisea Coffman	14. NAME OF HUSBAND OR WIFE Boyd Fox
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs William Fox	ADDRESS
---	-------------------------	---	---------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Atherosclerosis		Sudden
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4201
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Secondary Accumb Myocarditis etc.		See MR	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 **Dec 5**, 19**49**, to **Dec 21**, 19**49**, that I last saw the deceased alive on **Dec 20**, 19**49**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Howard Miller MD	23b. ADDRESS Macon	23c. DATE SIGNED 12/23/49
---	------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 23, 1949	24c. NAME OF CEMETERY OR CREMATORY Old Chariton Cem.	24d. LOCATION (City, town, or county) (State) Macon Co. Mo.
--	----------------------------------	--	---

DATE REC'D BY LOCAL REG. Dec 23, 1949	REGISTRAR'S SIGNATURE Daphne Howerton	184 25. FUNERAL DIRECTOR'S SIGNATURE Carlson Funeral Service	ADDRESS Echel Mo
---	---	--	----------------------------

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

No. 300
10-48
61
0
D

RECEIVED 12/27/49
MACON COUNTY HEALTH DEPARTMENT
County File No. 1/50/65
Date Filed 1/5/50

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 *C. Larson*

Licensed Embalmer No. 4037

P. O. Address *Burlington, 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.