S. No. 300
. 10.48

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

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41920

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5898 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Ozark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dora, Mo , R.R. Richland Twp,
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): His Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ozark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dora, Mo. Rural Richland
d. STREET ADDRESS (If rural, give location): Oaark, Co.

3. NAME OF DECEASED (Type or Print)
a. (First): Enoch
b. (Middle): Daniel
c. (Last): Fox

4. DATE OF DEATH (Month) (Day) (Year): Dec, 7, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb, 10, 1873
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 9, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith & Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Howell Co, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joe Fox
13b. MOTHER'S MAIDEN NAME: Martha Crider
14. NAME OF HUSBAND OR WIFE: Lizzie Slaughter Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mr Lester Fox — ADDRESS: Dora, Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cyrrosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prostatic Hypertrophy — 1 yr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

610X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 15, 1949, to Dec 7, 1949, *that I last saw the deceased alive on* Nov 20, 1949 *and that death occurred at* 5:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. J. Hoerman DO
23b. ADDRESS: Gainesville, Mo
23c. DATE SIGNED: 12/8/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/9/49
24c. NAME OF CEMETERY OR CREMATORY: Ledbetter Cemetery
24d. LOCATION (City, town, or county) (State): Howell Co Near Dora, Mo

DATE REC'D BY LOCAL REG.: 12-10-49
REGISTRAR'S SIGNATURE: William Caywood
25. FUNERAL DIRECTOR'S SIGNATURE: Clinkingbeard Funeral Home — **ADDRESS**: Gainesville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 13 1949
District Health Office, No. 6;
District File Number 1249-1362
Date Filed 12-14-49

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 Chester A. Roof

Licensed Embalmer No. 3244

P. O. Address Gainesville Ga.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in INK IN 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.