

FILED NOV 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38133

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5776 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>MERCER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MERCER</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL WASHINGTON</u>	c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>	0650
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>WASHINGTON TOWNSHIP</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSE</u> b. (Middle) <u>EDMOND</u> c. (Last) <u>FOX</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV-5-1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>DEC. 29 1885</u>		9. AGE (In years last birthday) <u>65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>WILLIAM FOX</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA HART</u>		14. NAME OF HUSBAND OR WIFE <u>MAGGIE FOX</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>MAGGIE FOX</u> ADDRESS <u>SPICKARD MO.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		ANTECEDENT CAUSES		2 months	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
		DUE TO (c) <u>Arteriosclerosis</u>		15 years	
		II. OTHER SIGNIFICANT CONDITIONS		Unknown	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Parkinsons Syndrome</u>			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21H. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from Oct 5, 1951, to Nov 5, 1951, that I last saw the deceased alive on Nov 3, 1951, and that death occurred at 12:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Maggie Fox</u> (Degree or title) _____		23b. ADDRESS <u>Princeton, Mo</u>		23c. DATE SIGNED <u>11/7/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV-7-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>COON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MERCER CO. MO</u>	
DATE REC'D BY LOCAL REG. <u>11-10-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 393		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schooker Funeral Home</u> ADDRESS <u>Spickard Mo.</u>		

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

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**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 Ross Wise .....

Licensed Embalmer No. 3771 .....

P. O. Address Spickard 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.