

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

370

State File No. _____

FILED JAN 25 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 15

0124

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

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Poplar Bluff, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>908 Fairmount</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Y.M.C.A.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Merritt</u>	b. (Middle) <u>Leslie</u>	c. (Last) <u>Fox</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 4, 1895</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroader</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pacific</u>	11. BIRTHPLACE (State or foreign country) <u>COFFEYVILLE, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>BENJAMIN BEN FOX DOUGLAS FOX</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH IDA NAKHAWA</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Brownlee</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M. L. Fox</u>	ADDRESS <u>Poplar Bluff, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per item (a), (b), and (c) <u>Coronary Thrombosis</u> <i>This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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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 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles W. Greer</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>Poplar Bluff Mo</u>	23c. DATE SIGNED <u>1/15-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Monroe</u>	24d. LOCATION (City, town, or county) (State) <u>Monroe, LA.</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 16 1952</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank-Cotrell</u>	ADDRESS <u>Poplar Bluff, Mo.</u>
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RECEIVED

JAN 22 1952
BUTLER CO. HEALTH CENTER

JAN 1 1952

FILE No. 152-42

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, ~~_____~~ _____

working under my personal supervision.

Student Embalmer No.

Signed Howard A. Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. 3996

P. O. Address 412 Vine St. Poplar Bluff, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 370-52

State of Mo. }
County of Butler } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 2 day of February, 1945, before me appears Mrs. Merritt

L. Fox, who, upon Her oath, states that the original record of ~~her~~ death for Merritt L. Fox died January 14, 1952, in the State of Missouri, and which was filed at Poplar Bluff, Mo. on Jan. 18, 1952, should be corrected as follows:

Item No. 13 should read Benjamin Douglas Fox

Instead of Ben Fox

Item No. 13b should read Sarah Ida Elizabeth Black

Instead of Unknown

Item No. 11 should read Coffeyville, Kansas

Instead of Coffman, Kansas

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Merritt L. Fox (wife)
Relationship.

Monroe, La.

Present Address.

Subscribed and sworn to before me this 2 day of February, 1945

My Commission expires April 11, 1955 Margaret Petrell Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1952
S-370