

STANDARD CERTIFICATE OF DEATH

FILED AUG 27 1952

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <i>Washington 1100</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Washington</i>	
b. CITY OR TOWN <i>Peters Mo.</i>		c. CITY OR TOWN <i>Peters 1100</i>	
c. LENGTH OF STAY (in this place) <i>8 yrs</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <i>Robert H Franklin Fox</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Aug. 9 1952</i>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>March 18, 1871</i>	9. AGE (in years less birthday) <i>81</i>	10. UNDER 1 YEAR <i>4 21</i>	11. UNDER 1 YEAR Months	12. UNDER 1 YEAR Days	13. UNDER 1 YEAR Hours	14. UNDER 1 YEAR Mins.
--------------------	-------------------------------	---	--	---	------------------------------	-------------------------	-----------------------	------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Office work</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>retired</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Illinois</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
--	--	--	--

13a. FATHER'S NAME <i>Leasah Fox</i>	13b. MOTHER'S MAIDEN NAME <i>Sarah Galbraith</i>	14. NAME OF HUSBAND OR WIFE
--------------------------------------	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or both) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Norma Hermel Richwoods</i>	ADDRESS <i>Mo</i>
---	-------------------------	---	-------------------

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, asthma, 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) <i>Coronary Thrombosis</i>		
	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"/>
------------------------	----------------------------------	--

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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from *8/1*, 19*52* to *8/9*, 19*52* that I last saw the deceased alive on *8/8*, 19*52* and that death occurred at *11:45 A* m., from the causes and on the date stated above.

23a. SIGNATURE <i>H. Cresswell</i>	(Degree or title)	23b. ADDRESS <i>Peters Mo.</i>	23c. DATE SIGNED <i>8/12/52</i>
------------------------------------	-------------------	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>8-11-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Hermel Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Washington Co. Mo.</i>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <i>8/12/52</i>	REGISTRAR'S SIGNATURE <i>Herbert Eudall</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Mr. Luther Sparks</i>	ADDRESS <i>Peters Mo.</i>
---	---	---	---------------------------

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

RECEIVED

AUG 26 1952

WASH. COUNTY HEALTH DEPT.

File No. _____

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

Murphy Spence

Licensed Embalmer No.

4236

P. O. Address

Flat 101, 9th

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.