

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42715**

FILED JAN 9 1953

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 122

540
4

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dover</u>	
c. LENGTH OF STAY (in this place) <u>10 months</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile East of Dover</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Goodloe Rest Home</u>			

3. NAME OF DECEASED a. (First) <u>ROBERT</u> b. (Middle) <u>L.</u> c. (Last) <u>FOX</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 25 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>August 26, 1866</u>		9. AGE (In years last birthday) <u>86</u>		10. IF UNDER 1 YEAR: Months <u>3</u> Days <u>29</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Dover, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Not Known</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>not known</u>			

13a. FATHER'S NAME <u>Not Known</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE <u>Bettie Meyers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Not Known</u>		16. SOCIAL SECURITY NO. <u>Not Known</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lloyd Fox Independence, Missouri</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>Arterio-sclerotic heart disease</u>		DUPLICATE (b) _____			<u>Years</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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. 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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR _____	

22. I hereby certify that I attended the deceased from Nov, 1951, to Dec 25, 1952, that I last saw the deceased alive on Dec 22, 1952, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Koppenshine, M.D.</u>		23b. ADDRESS <u>Highmore, Mo</u>		23c. DATE SIGNED <u>Jan 6-53</u>	
--------------------------------------------------------------	--	----------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 27 '52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dover Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dover, Missouri</u>	
---------------------------------------------------------	--	------------------------------	--	----------------------------------------------------------	--	----------------------------------------------------------------------	--

DATE REC'D BY LOCAL REG. <u>1-7-53</u>		REGISTRAR'S SIGNATURE <u>W. E. Ruckelshaus</u>		F. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Forest F. Lemay, 411 N. 1st St., St. Louis, Mo</u>	
----------------------------------------	--	------------------------------------------------	--	-----------------------------------------------------------------------------------------------	--

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 *J. L. McLean*

Licensed Embalmer No. 2983

P. O. Address *Lebanon, Tennessee*

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.