

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41936**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5931** Registrar's No. **467**

1. PLACE OF DEATH (If in hospital or institution, give street address or location) a. COUNTY <b>PETTIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BAHNER - Lake Creek</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BAHNER - Lake Creek Twp.</b>	
c. LENGTH OF STAY (in this place) <b>5 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>None 15th S. E. of Sedalia</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home in Bahner</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CARL</b>	b. (Middle)	c. (Last) <b>FOX</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>Dec 25, 1954</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Apr 18, 1874</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cabool, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Will Fox</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Grose</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Elizabeth Fox</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Everett Fox, Bahner, Missouri</b>	ADDRESS
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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, asthenia, 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) <b>Chronic myocardial about 20 yrs</b>		about 3 yrs
	ANTECEDENT CAUSES <b>regeneration</b>		
DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		DUE TO (c) <b>Chronic hypertrophy of prostate gland malignant</b>	
II. OTHER SIGNIFICANT CONDITIONS <b>Chronic cystitis about 2 yrs</b>		AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

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)
		<b>4222</b>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **Jan 1952**, to **Dec 25, 1954**, that I last saw the deceased alive on **10 Dec, 1954**, and that death occurred at **2:55 pm**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. E. Bess, M.D.</b>	23b. ADDRESS <b>Sedalia, Mo.</b>	23c. DATE SIGNED <b>Dec 28 1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/28/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12/28/54</b>	REGISTRAR'S SIGNATURE <b>Lavinia Coontz</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Shane Ewing</b>	ADDRESS <b>Sedalia, Mo</b>
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WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

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Dr. Bess

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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

*P. E. Baker*

Licensed Embalmer No. *2419*

P. O. Address *Hedalia 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.