

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30333**BIRTH NO. _____ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **87**

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville		c. CITY OR TOWN Longtown	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Perry Co. Memorial Hospital		e. STREET ADDRESS (If rural, give location) 0790	
3. NAME OF DECEASED (Type or Print)	a. (First) S. Virginia	b. (Middle)	c. (Last) Fox
4. DATE OF DEATH	(Month) Sept.	(Day) 10,	(Year) 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 27, 1889
9. AGE (In years last birthday) 66	# UNDER 1 YEAR Months	% UNDER 1 YEAR Days	% UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Perry County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Trusten Nance	13b. MOTHER'S MAIDEN NAME Celeste Farrar	14. NAME OF HUSBAND OR WIFE Floyd Fox	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Lemuel Fox Perryville, Missouri	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		ANTecedent CAUSES		1 day
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity 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 Cerebral apoplexy		4 mo.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that, I attended the deceased from Dec 19 45 , to 10 Sept, 1955 , that I last saw the deceased alive on 10 Sept, 1955 , and that death occurred at 2:45 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) James D. Bradell M.D.	23b. ADDRESS Perryville, Mo	23c. DATE SIGNED 13 Sept 55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 13, 1955	24c. NAME OF CEMETERY OR CREMATORY York Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Perry County, Missouri	
DATE REC'D BY LOCAL REG. 9-14-55	REGISTRAR'S SIGNATURE Joseph J. Zellner	25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perryville Mo	ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

SEP 28 1958

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.....
Signature of Student Embalmer

Signed... *Wallace Young*

Licensed Embalmer No. *40...2*

P. O. Address... *Perryville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.