

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

575

FILED JAN 31 1956

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>387</u>		PRIMARY REG. DIST. NO. <u>4086</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tina,</u>		c. LENGTH OF STAY (in this place) <u>83 years</u>		c. CITY OR TOWN <u>Tina</u>		d. Is Residence within limits of a city, incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, Tina, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>0170</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLORA</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>FOX</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22, 1956</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 23, 1870</u>	
				9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>McDonald Co. Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William T. Monson</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Alice Ogle</u>			14. NAME OF HUSBAND OR WIFE <u>William J. Fox,</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs C.B. Berry Tina, Missouri</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Severe arthritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>4500</u>					INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u>
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) (Min.)		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 _____, 19 <u>48</u> to <u>15 Jan 1956</u> that I last saw the deceased alive on <u>15 Jan</u> , 19 <u>56</u> , and that death occurred at <u>1:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E.W. Allen M.D.</u> (Degree or title)				23b. ADDRESS <u>Carrollton Mo.</u>		23c. DATE SIGNED <u>1/24/1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/24/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rock Branch</u>		24d. LOCATION (City, town, or county) (State) <u>Tina, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Jan. 24, 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs Rex Henderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifford W. Austin Tina, Mo.</u>			

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

WILL 31

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.....
Clifford W. Acosta

Licensed Embalmer No..... 3233

P. O. Address..... Tina, Missoula

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.