

VISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 13 PRIMARY REGISTRATION DISTRICT NO. 3003 REGISTRAR'S NO. 1 19502 - A

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Monett</u>		Length of stay in lb <u>9 days</u>	c. CITY OR TOWN <u>Pierce City</u> <u>0550</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Vincent Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>407 Elm</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Bridge</u> Middle <u>Ann</u> Last <u>Fox</u>			4. DATE OF DEATH Month <u>June</u> Day <u>6</u> Year <u>1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/13/1884</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days Hours Min.
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>X-----X</u>	11. BIRTHPLACE (City and state or country) <u>Pierce City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Thomas Fox</u>		13b. MOTHER'S MAIDEN NAME <u>Bridge Lynch</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT <u>Mrs. Helen Frey Pi</u>	Address <u>Pierce City, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Myocarditis, Chronic</u>			<u>10 yrs</u>
DUE TO (b) <u>Arteriosclerosis</u>			<u>10 yrs</u>
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>10:05</u> Month <u>June</u> Day <u>6</u> Year <u>1956</u> a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE

21. I attended the deceased from November 6, 1956 to June 6, 1956 and last saw her alive on June 6, 1956.
Death occurred at 10:05 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Charles A. Spear</u> <u>M.D.</u>	22b. ADDRESS <u>Pierce City, Mo.</u>	22c. DATE SIGNED <u>6-8-1956</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 8, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Patricks</u>	23d. LOCATION (City, town, or county) (State) <u>Pierce City, Mo.</u>
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24. FUNERAL DIRECTOR <u>Wm/ J. Wessell</u>	ADDRESS <u>Pierce City, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-1-61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs P.N. Cook</u>
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MEDICAL CERTIFICATION

19-5-1

JAN 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed or by me Student Embalmer No. _____ working under my personal supervision.

Student _____ Signature of Student Embalmer

Signed R. Gordon Bennett

Licensed Embalmer No. 42

P.O. Address monterey

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.