

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24721

State File No. _____

S. No. 300
V. 10.48

FILED JUL 24 1956

BIRTH NO. _____		REG. DIST. NO. <u>300</u>		PRIMARY REG. DIST. NO. <u>6029</u>		Registrar's No. <u>18</u>			
1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Reynolds</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Ellington Logan township</u>		c. LENGTH OF STAY (in this place) <u>44 yrs</u>		c. CITY OR TOWN <u>Ellington</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>				e. STREET ADDRESS (If rural, give location) <u>Logan Township 0900</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>VINA</u>			b. (Middle) _____		c. (Last) <u>Fox</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-15-56</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>DEC 14, 1880</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>1</u>	IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Reynolds County, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Richard Barnes</u>			13b. MOTHER'S MAIDEN NAME <u>T. Wisehart</u>			14. NAME OF HUSBAND OR WIFE <u>Leonard M. Fox</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leonard Fox</u>				ADDRESS <u>Ellington, MO</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, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL DEGENERATION</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</u>	
				ANTECEDENT CAUSES Morbid 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.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				19c. AUTOPSY? <u>4222</u>		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) _____		21d. (COUNTY) _____		21e. (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 <u>JUNE</u> , 19 <u>55</u> , to <u>JULY 14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>JULY 14</u> , 19 <u>56</u> , and that death occurred at <u>3:30 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Kenneth T. Carter</u>				23b. ADDRESS <u>MO. Ellington, MO</u>			23c. DATE SIGNED <u>July 16/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-17-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Redford</u>		24d. LOCATION (City, town, or county) <u>Redford</u>		24e. (State) <u>MO</u>	
DATE REC'D BY LOCAL REG. <u>7/17-56</u>		REGISTRAR'S SIGNATURE <u>Essie Evans</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. S. Smith</u>		ADDRESS <u>Ellington, MO</u>		

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

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Received 7-20-56
Reynolds County Health Ce
File No. 756 - 26

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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.....
Signature of Student Embalmer

Signed *Chas S. Pruitt*.....

Licensed Embalmer No. 4574.....

P. O. Address *E. Livingston*.....

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.