

FILED SEP 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33009

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ft Leonard Wood		c. CITY OR TOWN Ft Leonard Wood	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS US Army Hospital	
Length of stay in lb 18 hrs		Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

3. NAME OF DECEASED (Type or print) First NANCY Middle FRANCIS Last FOX			4. DATE OF DEATH Month September Day 16 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 16 Sep 1957	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 18 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - -		10b. KIND OF BUSINESS OR INDUSTRY - -		11. BIRTHPLACE (City and state or country) Ft Leonard Wood, Missouri	
13. FATHER'S NAME William L Fox			14. MOTHER'S MAIDEN NAME Maria Hausladen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. - -		17. INFORMANT R S O'HERN Major MSC ^{Address} US Army Hospital Ft Leonard Wood, Mo	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anoxia			INTERVAL BETWEEN ONSET AND DEATH 18 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 762.0			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ 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 Sep 16, 1957 to Sep 16, 1957 and last saw her alive on Sep 16, 1957 Death occurred at 7:42 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ralph A. Shugart Jr. M.D. (Degree or title)			22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri		22c. DATE SIGNED 17 Sep 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept 19 1957	23c. NAME OF CEMETERY OR CREMATORY Ft Leonard Wood Cemetery	23d. LOCATION (City, town, or county) (State) Ft Leonard Wood, Mo	
24. FUNERAL DIRECTOR Beth A. Hedges ADDRESS Hedges Funeral Homes, Inc			25. DATE RECD. BY LOCAL REG. 9-18-57	26. REGISTRAR'S SIGNATURE Paula Mae Anderson	

Date Filed 9-18-57
File Number 119
Pulaski County Health Officer
RECEIVED 9-21-57

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 Clarence Dixon
Licensed Embalmer No. 48

P. O. Address Waynesville

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