

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41530

STATE FILE NUMBER

FILED DEC 3- 1957

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 71

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Putnam			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Putnam		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Unionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTEION City			Length of stay in 1b 15 yrs	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Earl L. Fox			4. DATE OF DEATH Month Day Year Nov. 28, 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIAGE <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 15, 1892	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min. 9 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Seymour, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Will A. Fox			14. MOTHER'S MAIDEN NAME Emma Melson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 487-34-9999	17. INFORMANT Address Alberta Fox-Unionville, 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) <i>Uremic Coma of congestive heart failure</i> DUE TO (b) <i>Hypertrophy of Heart & Chronic glomerulonephritis, hypertension</i> DUE TO (c) <i>Generalized arteriosclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (If any)					INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i> <i>2 years</i> 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.) 592X		
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 <i>Nov 1951</i> to <i>Nov 24 57</i> and last saw <i>her</i> alive on <i>Nov 24 57</i> . Death occurred at <i>6:50 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Type or print) <i>Chas L Fudd 90</i>		22b. ADDRESS <i>Unionville Mo</i>		22c. DATE SIGNED <i>11-25-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>B</i>		23b. DATE <i>Nov. 26-1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Unionville</i>	23d. LOCATION (City, town, or county) (State) <i>Unionville, Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>F.O. Husted 250 Unionville Mo</i>			25. DATE RECD. BY LOCAL REG. <i>11-30-57</i>	26. REGISTRAR'S SIGNATURE <i>Marvell Durbin</i>	

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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 *Murl E. Husted*

Licensed Embalmer No. *33*

P. O. Address *Union*

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.