

Health,
Welfare
Public
Service

Dr. Fitch

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021553

STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 690

300
-57

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SPRINGFIELD ⁰³⁴⁶
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1040 STATE		Length of stay in 1b 36 YRS.	d. STREET ADDRESS (If outside, give location) 1040 STATE
3. NAME OF DECEASED (Type or print) First EVERETT Middle A. Last FOX			4. DATE OF DEATH Month JULY Day 6 Year 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 21 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired* CAR DEPT.		10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	9. AGE (In years last birthday) 78
11. BIRTHPLACE (City and state or county) CHRISTIAN COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME GEORGE FOX		13b. MOTHER'S MAIDEN NAME CORDELIA CARTER	
14. NAME OF HUSBAND OR WIFE DELLA FOX		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT FRANK E. FOX Address SPRINGFIELD, 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) Cancer of Bladder			INTERVAL BETWEEN ONSET AND DEATH Not known
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			1810
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 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 _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		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 4-26-58 to 7-6-58 and last saw him alive on 6-30-58 Death occurred at 5:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Max Fitch</i> (Signed on title)		22b. ADDRESS 1715 BOONVILLE SPRINGFIELD, MISSOURI	
22c. DATE SIGNED 7-7-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7/8/58	
23c. NAME OF CEMETERY OR CREMATORY SELMORE CEMETERY		23d. LOCATION (City, town, or county) (State) SELMORE, MISSOURI	
24. FUNERAL DIRECTOR H. H. LOHMEYER ADDRESS SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 7-8-58	
26. REGISTRAR'S SIGNATURE <i>Effe S. Mettlen</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 14 1958

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 *H. McCann*

Licensed Embalmer No. *2727*

P. O. Address *Springfield, Mo*

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.