

FILED JUN 19 1958

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 197

S. 300  
1-57  
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1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Saverton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth		Length of stay in lb 0870	d. STREET ADDRESS (If outside, give location) 0870		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Frank E. Fox			4. DATE OF DEATH Month Day Year 6/6/1958		
5. SEX Male 0	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 12/25/1892		9. AGE (In years last birthday) 65 F UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Cement Plant		11. BIRTHPLACE (City and state or country) Burlington, Iowa /	
12. CITIZEN OF WHAT COUNTRY? U.S. A.		13a. FATHER'S NAME John Hickman Fox		13b. MOTHER'S MAIDEN NAME Ida Baugngardner	
14. NAME OF HUSBAND OR WIFE Etta Mae Fox		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Etta Mae Fox, Saverton, Mo.		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumoconiosis DUE TO (b) Terminal pneumonia DUE TO (c) 5233 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary sclerosis					INTERVAL BETWEEN ONSET AND DEATH 7 years 15 days
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 5-23-58 to 6-6-58 and last saw her alive on 6-6-58 Death occurred on 6:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE D. C. Chilton, M.D. R. J. Lanning, M.D.			22b. ADDRESS Hannibal, Missouri		22c. DATE SIGNED 6-13-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/10/1958	23c. NAME OF CEMETERY OR CREMATORY Centenary Cemetery		23d. LOCATION (City, town, or county) (State) Ralls County, Mo.
24. FUNERAL DIRECTOR H.M.O'Donnell, Hannibal, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 6-16-58	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. J. Fisher

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

**RECEIVED** JUN 18 1958  
**MARION CO. HEALTH DEPT.**  
**DATE FILED** JUN 18 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 *E. M. Mansell* .....

Licensed Embalmer No. 3889 .....

P. O. Address Hannibal ..... 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.