

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043169

STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 280

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1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mexico 00400
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		Length of stay in lb 11 days	d. STREET ADDRESS (If outside, give location) R. F. D. 2
3. NAME OF DECEASED (Type or print) First Middle Last Nellie Arnold Fox			4. DATE OF DEATH Month Day Year Dec. 19 1958
5. SEX Female	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 Oct. 8, 1876
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or county) Moniteau County, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME W. H. Bruce		13b. MOTHER'S MAIDEN NAME Alice Wright	14. NAME OF HUSBAND OR WIFE C. M. 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. None	17. INFORMANT Mr. C. M. Fox Address RFD 2 Mexico, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial insufficiency DUE TO (b) Arteriosclerosis DUE TO (c) Fracture right femur PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture right femur			INTERVAL BETWEEN ONSET AND DEATH 3 days 4 days
20a. ACCIDENT <input checked="" 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.) Fell at home fracturing Rt. femur.	
20c. TIME OF INJURY Hour 12:00 Month, Day, Year 12/10/58		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Mexico COUNTY Audrain STATE Mo.	
21. I attended the deceased from 8:05 Sept 1954 to Dec 19, 1958 and last saw her alive on Dec 19, 1958 Death occurred at 8:05 Sept 1954 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Benjamin D. Golly MD (Degree or title)		22b. ADDRESS 112 N. Oak Mexico, Mo	
22c. DATE SIGNED 12/19/58		22d. PLACE SIGNED Mexico, Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-21-58	
23c. NAME OF CEMETERY OR CREMATORY East Lawn Memorial Park Mexico, Missouri		23d. LOCATION (City, town, or county) (State) Mexico, Missouri	
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.		25. DATE RECD. BY LOCAL REG. Dec 19-1958	
26. REGISTRAR'S SIGNATURE Blanche Reedy			

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diagnoses in Part I must be causally related to the death.
Benjamin D. Golly MD

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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 *Geo. H. Whiteaker*

Licensed Embalmer No. *4780*

P. O. Address... *Mexico, 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.