Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002546
STATE FILE NUMBER

FILED JAN 16 1959 Registration District No. 300 Primary Registration District No. 6029 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Reynolds	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Reynolds
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Ellington (Logan Twnp) Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Ellington 0900 Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Own Home Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First Dalton	Middle Donald	Last Fox	4. DATE OF DEATH Month Jan Day 11 Year 1959
5. SEX M	6. COLOR OR RACE W	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH May 14, 1931	9. AGE (In years last birthday) 27 — IF UNDER 1 YEAR Months 7 Days 11 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Reynolds County	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Arthur Fox	13b. MOTHER'S MAIDEN NAME Ethel Knuckles	14. NAME OF HUSBAND OR WIFE Jerry Ann Reed Fox.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 493-32-9553	17. INFORMANT Ethel Knuckles Fox	Address Ellington, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Diabetic Coma — INTERVAL BETWEEN ONSET AND DEATH 1-5 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Untreated Diabetes M. — 15 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 _____, to _____ ~~and last saw her/him alive on~~

Death occurred at 11:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kenneth T. Carter, MD Coroner	22b. ADDRESS Ellington Mo	22c. DATE SIGNED Jan 12/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 13, 1959	23c. NAME OF CEMETERY OR CREMATORY Dry Valley
23d. LOCATION (City, town, or county) (State) Reynolds County		
24. FUNERAL DIRECTOR Chas S. Perrott	ADDRESS Ellington Mo	25. DATE RECD. BY LOCAL REG. Jan. 12-1959
26. REGISTRAR'S SIGNATURE Essie Evans.		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 3 1959

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 Chas S. Pennitt

Licensed Embalmer No. 4524

P. O. Address Ellington, 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.