

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004386

FILED VS JAN 26 1961

360

3076

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STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Length of stay in 1b 58 years		c. CITY OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 625 East Sycamore			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 625 East Sycamore			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ALONZO Middle FOX Last FOX				4. DATE OF DEATH Month January Day 15 Year 1961			
5. SEX M	6. COLOR OR RACE Wh	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-14-1871	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired store-keeper		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R. R.		11. BIRTHPLACE (City and state or country) St. Clair Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Rufus R. Fox			13b. MOTHER'S MAIDEN NAME Mary Susan Graham		14. NAME OF HUSBAND OR WIFE Lucretia G. Fox, Deceased		
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 J. A. Fox Address 625 E. Sycamore, Nevada, 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) Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 1 day.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <input checked="" type="checkbox"/>	DUE TO (c) <input checked="" type="checkbox"/>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocarditis						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) none					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ none							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		20f. CITY, TOWN, OR LOCATION Nevada		COUNTY Vernon	STATE Mo	
21. I attended the deceased from Jan 1960 to Jan 15-1961 last saw him alive on Jan 14-1961 Death occurred at 9 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or wife) W. Love MA				22b. ADDRESS Nevada, Mo.		22c. DATE SIGNED 1-18-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1961 January 18	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park		23d. LOCATION (City, town, or county) Nevada		23e. (State) Missouri	
24. FUNERAL DIRECTOR Funny Funeral Home, Nevada, Mo.			ADDRESS	25. DATE RECD. BY LOCAL REG. 1-21-1961	26. REGISTRAR'S SIGNATURE Anna E. Jerry		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DATE AMENDED
INSTEAD OF
BY AFFIDAVIT OF

DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ

MAR 10 1961

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 *Angela Perry*

Licensed Embalmer No. 4960

P. O. Address Neenah, Wis.

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.