

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024230

STATE FILE NUMBER

Registration District No. 295 Primary Registration District No. 6015 Registrar's No. 121

DO NOT WRITE ON THIS STUB

AMENDED

|   |  |
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| FILED JUL 10 1962   |  |
| <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Randolph</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salt Springs</u></p> <p>c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>N.W. of Huntsville on East Fork River</u></p> <p>3. NAME OF DECEASED (Type or print) First Middle Last <u>VIRGINIA FRANCES FOX</u></p> <p>5. SEX <u>Female</u></p> <p>6. COLOR OR RACE <u>White</u></p> <p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p> <p>8. DATE OF BIRTH <u>7-1-1924</u></p> <p>9. AGE (last birthday) <u>38</u></p> <p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u></p> <p>10b. KIND OF BUSINESS OR INDUSTRY <u>-</u></p> <p>11. BIRTHPLACE (City and state or country) <u>Andrain Co. MO</u></p> <p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p> <p>13a. FATHER'S NAME <u>Thomas Robert Johns</u></p> <p>13b. MOTHER'S MAIDEN NAME <u>Angie Lee Mundy</u></p> <p>14. NAME OF HUSBAND OR WIFE <u>None</u></p> <p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) <u>no</u></p> <p>16. SOCIAL SECURITY NO. <u>-</u></p> <p>17. INFORMANT <u>J.R. Johns</u> Address <u>Mexico MO</u></p> | <p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo</u> b. COUNTY <u>Andrain</u></p> <p>c. CITY OR TOWN <u>Mexico</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>574 Highway East</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>4. DATE OF DEATH Month Day Year <u>July - 3 - 1962</u></p> <p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Suffocation</u></p> <p>DUE TO (b) <u>Drowning</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>-</u></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p>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</p> <p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>20a. ACCIDENT. SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fell off bridge while apparently intoxicated. River bank full</u></p> <p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>-</u></p> <p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p> <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Road on bridge</u></p> <p>20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Salt Springs Twp Randolph MO</u></p> <p>21. I attended the deceased from _____ to _____ and last saw her/him alive on _____</p> <p>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.</p> <p>22a. SIGNATURE (Degree or title) <u>Gen. J. Jolly D. Coroner</u></p> <p>22b. ADDRESS <u>203 1/2 N. Clark Moberly - Mo</u></p> <p>22c. DATE SIGNED <u>7-5-62</u></p> <p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p> <p>23b. DATE <u>July - 6 - 1962</u></p> <p>23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u></p> <p>23d. LOCATION (City, town, or county) (State) <u>Mexico MO.</u></p> <p>24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly Mo</u> ADDRESS <u>-</u></p> <p>25. DATE REGD. BY LOCAL REG. <u>7-5-62</u></p> <p>26. REGISTRAR'S SIGNATURE <u>Adonna Pittersen</u></p> |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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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 Jerry R. Carter

Licensed Embalmer No. 4906

P. O. Address Moberly, 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.