

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028227

STATE FILE NUMBER

Registered No. **FILED JUL 25 1962** Primary Registration District No. **6013** Registrar's No. **125**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Randolph		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Clifton Hill		Length of stay in 1b 2 yrs	c. CITY OR TOWN Rural Clifton Hill		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 Mile W of Clifton Hill			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1 mile west of Clifton Hill	
3. NAME OF DECEASED (Type or print) First Middle Last Clarence Frederick Fox			4. DATE OF DEATH Month Day Year July 25, 1962		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/17/1898	9. AGE (last birthday) 63	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) farmer (disabled)		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and state or country) Keytesville, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John William Fox		13b. MOTHER'S MAIDEN NAME Emma Louiza Drew		14. NAME OF HUSBAND OR WIFE Katherine McDermott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW I		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mr. Pete Fox, Clifton Hill, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medulary failure					INTERVAL BETWEEN ONSET AND DEATH unknown
DUE TO (b) Inenation					Unknown
DUE TO (c) Chronic alcoholism					Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				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 type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) drank for a long time with out eating		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
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.)	20f. CITY, TOWN, OR LOCATION Clifton Twn.		COUNTY STATE Randolph Missouri
21. I attended the deceased from ----- to ----- and last saw him alive on ----- Death occurred at 3:00P on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Louis S. Jolly, Sr.</i> (Degree or title) Coroner			22b. ADDRESS 203 N. Clark, Moberly, Mo		22c. DATE SIGNED 8/27/62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7/28/62	23c. NAME OF CEMETERY OR CREMATORY Vanner Cemetery		23d. LOCATION (City, town, or county) (State) Chariton County, Mo.
24. FUNERAL DIRECTOR Chas. B. Winkelmeier, Salisbury, Mo.			25. DATE RECD. BY LOCAL REG. 7-27-62	26. REGISTRAR'S SIGNATURE <i>Odonna Patterson</i>	

AUG 2 1962

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 B Winckelmeier

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.