

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5874

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3060		Registrar's No. 49	
1. PLACE OF DEATH a. COUNTY ST. FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FARMINGTON		c. LENGTH OF STAY (in this place) 5 MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FARMINGTON		74	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1010 MIDDLE STREET				d. STREET ADDRESS (If rural, give location) 1010 MIDDLE ST			
3. NAME OF DECEASED (Type or Print) ELIJAH		a. (First) b. (Middle) ANDREW c. (Last) FOX		4. DATE OF DEATH (Month) (Day) (Year) FEB 13 1949			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 19 1860	
9. AGE (In years last birthday) 88		10. MONTHS 8		11. DAYS 24		12. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STORE OWNER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL MIDGE		11. BIRTHPLACE (State or foreign country) TENNESSEE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ELIJAH FOX		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE EMMA FOX, Farmington, Mo.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EMMA FOX, Farmington, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 44 28				INTERVAL BETWEEN ONSET AND DEATH None 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 1948, to Feb 15 1949, that I last saw the deceased alive on 2-13 1949, and that death occurred at 8:45 AM from the causes and on the date stated above.							
23a. SIGNATURE St. Lawrence Mel.		(Degree or title)		23b. ADDRESS 2286 Columbia Ave		23c. DATE SIGNED 2-14-49	
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE FEB 15 1949		24c. NAME OF CEMETERY OR CREMATORY CALEDONIA CEMETERY		24d. LOCATION (City, town, or county) (State) CALEDONIA MISSOURI	
DATE REC'D BY LOCAL REG. Feb 15 1949		REGISTRAR'S SIGNATURE Esther Rudolph		25. FUNERAL DIRECTOR'S SIGNATURE Bert L. Boyer		ADDRESS Leadwood Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

101 Declass No. 4

249-2

2-21-49

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 _____

William E. Boyer

Student Embalmer No. *229*

working under my personal supervision.

Student *William E. Boyer*
Student Embalmer

Signed *Bert L. Boyer*

Licensed Embalmer No. *3445*

P. O. Address *Leadwood 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 this body is not embalmed, fact should be so stated above.