

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035150

FILED VS NOV 2 1959

632

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. *169*

ENDED

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bollinger	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marble Hill	Length of stay in 1b 1Yr.	c. CITY OR TOWN Marble Hill	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Home

3. NAME OF DECEASED (Type or print) First John Middle Marshall Last Fox			4. DATE OF DEATH Month 10 Day 19 Year 1959		
5. SEX Male	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/22/97	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck operator	10b. KIND OF BUSINESS OR INDUSTRY General Trucking	11. BIRTHPLACE (City and state or country) Marble Hill, Mo.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Newton Fox		13b. MOTHER'S MAIDEN NAME Ellen Stratton		14. NAME OF HUSBAND OR WIFE Hila Fox	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW1	16. SOCIAL SECURITY NO. None	17. INFORMANT Hila Fox, Marble Hill, Mo.
--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Uremia		7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic glomerulonephritis	3-4 years
	DUE TO (c) Unknown Cause	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Massive cardiac dilatation Hypertension	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 <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 _____ 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 Marble Hill, Mo.	COUNTY Bollinger	STATE Mo.
21. I attended the deceased from Feb 12, 1958 to Oct. 19, 1959 and last saw her/him alive on Oct. 18, 1959 Death occurred at 11:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Deceased or title) William J. Trevis		22b. ADDRESS Lutesville, Mo.		22c. DATE SIGNED 10-24-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/21/59	23c. NAME OF CEMETERY OR CREMATORIUM Boll. Co. Mem.	23d. LOCATION (City, town, or county) (State) Lutesville, Mo.	

24. FUNERAL DIRECTOR Gene Ward Lutesville	ADDRESS Lutesville, Mo.	25. DATE RECD. BY LOCAL REG. 10-27-59	26. REGISTRAR'S SIGNATURE Mrs. Buford Crader	
---	-----------------------------------	---	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 2 1959

VS NOV 2 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 Hermett Liley, Student Embalmer No. 579

working under my personal supervision.

Student Hermett Liley
Signature of Student Embalmer

Signed R. O. Laine

Licensed Embalmer No. 4538

P. O. Address Jackson, 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.