

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 24 1947
Registration District No. **207**

Primary Registration District No. **1000**

Registrar's No. **18**

1. PLACE OF DEATH:

(a) County **Bates**

(b) City or town **Butler**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community **57 Years**

3. (a) PRINT FULL NAME **Minnie Wiltse Fox**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **2 Widowed**

6. (b) Name of husband or wife **A. L. Fox**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sep. 22 1863**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	4	19	hr. _____ min.

9. Birthplace **Inlet Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER, FATHER {

12. Name **Dr. Mart Wiltse**

13. Birthplace **No Record** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Eliza Gray**

15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lester Fox**

(b) Address **Butler Mo.**

17. (a) Burial **Feb. 13 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cem.**

18. (a) Signature of funeral director **Culver-Underwood**

(b) Address **Butler, Missouri**

19. (a) **Feb. 15-47** (b) **Hendall Karam**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates**

(c) City or town **Butler**
(If outside city or town limits, write "RURAL")

(d) Street No. **Water St.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **11**
year **1947** hour **2** minute **40** A.M.

21. I hereby certify that I attended the deceased from **Feb 25**
1945, to **Feb 11** **1947**
that I last saw h.e.r. alive on **Feb 11** **1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure & acute acidosis**

Due to **Advanced age and faulty diet**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN **W.D.**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury **D**

23. Signature **L. J. Laffrey** (M. D. or other) **M.D.**

Address **Butler, Mo.** Date signed **2/15/47**

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

RECEIVED
District Health Officer No. 7,
District No. 2-47-274
Date Filed 3-21-47

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.....

Kenneth H. Beck....., Registered Apprentice No. 471
working under my personal supervision.

Signed John G. Cholewicki

Licensed Embalmer No. 3585

P. O. Address Butler, Missouri

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.