

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4531
State File No. 118-A

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REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 118-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Hairplay - Rural #3</u>	
b. CITY OR TOWN <u>Springfield</u> c. LENGTH OF STAY (in this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>Rt #3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield OB GYN & Midwifery Hosp.</u>			
3. NAME OF DECEASED a. (First) <u>Martha</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Fox</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 7 - 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>January - 4 - 1875</u>
9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>2</u>	IF UNDER 1 HRS. Hours <u>2</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home maker</u>	11. BIRTHPLACE (State or foreign country) <u>Cedar County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Jesse Neal</u>	13b. MOTHER'S MAIDEN NAME <u>Tennessee Thompson</u>	14. NAME OF HUSBAND OR WIFE <u>James Thomas Fox</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Coye E. Jones, Walnut Grove, Mo</u>	
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) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Hypertensive Cardiovascular Disease</u> II. OTHER SIGNIFICANT CONDITIONS, Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus, mod.</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>Sept 19 1877</u> , to <u>7 Feb</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7 Feb</u> , 19 <u>49</u> , and that death occurred at <u>3 30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Stanley S. Peterson MD</u>		23b. ADDRESS <u>Springfield, Mo</u>	23c. DATE SIGNED <u>2/8/1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb - 9 - 1949</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Handley Prairie</u>	24d. LOCATION (City, town, or county) (State) <u>Near Hairplay Mo</u>
DATE REC'D BY LOCAL REG. <u>2/15/1949</u>	REGISTRAR'S SIGNATURE <u>W. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gene A. Brim, Walnut Grove, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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.

Signed Gene A. Brim

Signed _____
Student Embalmer

Licensed Embalmer No. 2664

P. O. Address Waverly Grove M.

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.