

FILED APR 2 1949

STANDARD CERTIFICATE OF DEATH

9387

State File No.

BIRTH NO. _____ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 4374 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Belleville MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Belleville</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) <u>MURKLE</u>			a. (First) _____	b. (Middle) <u>W</u>	c. (Last) <u>FOX</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 19-49</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Sept 5-1904</u>		9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Days <u>5-17</u>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Belleville MO</u>		12. CITIZEN OF WHAT COUNTRY? _____		

13a. FATHER'S NAME <u>Clyde Fox</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Ruth</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Emma Fox</u> ADDRESS <u>Belleville 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rosary Thrombosis</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>valvular disease of heart</u>		
	DUE TO (c) <u>Acute arthritis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>		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) <u>Clyde</u> (COUNTY) <u>Nodaway</u> (STATE) <u>MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 not seen, to _____, 19____, that I last saw the deceased alive on not attended and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Dean, Coroner</u> (Degree or title)		23b. ADDRESS <u>Maryville MO</u>	23c. DATE SIGNED <u>3-19-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 20</u>	24c. NAME OF CEMETERY, OR CREMATORY <u>Provil Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Denver MO</u>

DATE REC'D BY LOCAL REG. <u>Mar 19-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. E. C. ...</u>	370	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fredd & Phillips</u> ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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 _____

Leroy F. Phelan

Signed _____

Student Embalmer

Licensed Embalmer No. *1898*

P. O. Address. *Starbuck, Md*

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.