No. 300
10-48

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15164

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carrollton 1
c. LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 211 N. Mason

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ethel 0
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print) a. (First) ANNIE b. (Middle) E c. (Last) FOX

4. DATE OF DEATH (Month) (Day) (Year) May 13, 1949

5. SEX Fe
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 30, 1879
9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Daniel Roberts
13b. MOTHER'S MAIDEN NAME Barbara Shoemaker
14. NAME OF HUSBAND OR WIFE Wm A. Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Olend Fox, ADDRESS New Cambria 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Chronic nephritis

INTERVAL BETWEEN ONSET AND DEATH: 4222

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-3-, 1949, *to* 5-13-, 1949, *that I last saw the deceased alive on* 5-17-, 1949, *and that death occurred at* 230 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. Cowherd D.O.
23b. ADDRESS Carrollton Mo
23c. DATE SIGNED 5-13-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE May 13, 1949
24c. NAME OF CEMETERY OR CREMATORY Old Charlton Cem
24d. LOCATION (City, town, or county) (State) Calleo Mo

DATE REC'D BY LOCAL REG. 5/12/49
REGISTRAR'S SIGNATURE Mrs Herbert Calvert 45 0
25. FUNERAL DIRECTOR'S SIGNATURE Standley & Gibson ADDRESS Carrollton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 21 REC'D

RECEIVED
District Health Officer No. 8,

istrict File Number.....

Date Filed 5-21-49

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.....

....., Student Embalmer No. .....

working under my personal supervision.

Signed Ben W. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. 2961

P. O. Address Carrollton M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.