

FILED SEP 11 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 27826

BIRTH NO. _____		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 597		Registrar's No. 116	
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Johnsonville</u>		c. LENGTH OF STAY (In this place) <u>All life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Johnson Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Johnson Township</u>				d. STREET ADDRESS (If rural, give location) <u>Humansville, Missouri</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>R.</u>		c. (Last) <u>Fox</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 24 50</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 20, 1917</u>	
9. AGE (In years last birthday) <u>33</u>		if UNDER 1 YEAR Months <u>2</u> Days <u>7</u>		if UNDER 24 HRS. Hours <u>7</u> Min. _____		11. BIRTHPLACE (State or foreign country) <u>Polk Co. Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>Charles Fox</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Robertson</u>		14. NAME OF HUSBAND OR WIFE <u>Doris</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Doris Fox</u>		ADDRESS <u>Humansville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Type Undetermined.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Excessive Heat.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>42 2 2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (COUNTY) (STATE)			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. G. Robinson</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Humansville, Mo.</u>		23c. DATE SIGNED <u>8/25/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/27/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Humansville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 28, 1950</u>		REGISTRAR'S SIGNATURE <u>Ralph G. Sidenper</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Paul S. Pimm</u>		ADDRESS <u>General Home Humansville</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

840

5978

0840

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED

SFP 8 1950

Dist. File 950-1883

Date Filed Sept 8, 1950

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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 \_\_\_\_\_

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Hannsville 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 this body is not embalmed, fact should be so stated above.