

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5847 Registrar's No. 188

1. PLACE OF DEATH
a. COUNTY **NODAWAY**
b. CITY (If outside corporate limits, write RURAL and give township) **RURAL NODAWAY TWP**
c. LENGTH OF STAY (in this place) **70 YR**
d. FULL NAME OF HOSPITAL OR INSTITUTION **HOME**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY **NODAWAY**
c. CITY (If outside corporate limits, write RURAL and give township) **RURAL NODAWAY TWP**
d. STREET ADDRESS (If rural, give location) **RED 0740 A**

3. NAME OF DECEASED
a. (First) **WILLIAM** b. (Middle) **JOHN** c. (Last) **FOX**
4. DATE OF DEATH (Month) (Day) (Year) **JULY 23 1951**

5. SEX **M** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**
8. DATE OF BIRTH **AUG. 15, 1871** 9. AGE (In years last birthday) **79** 11. BIRTHPLACE (State or foreign country) **MISSOURI**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **FARMER**
10b. KIND OF BUSINESS OR INDUSTRY **FARMING**
12. CITIZEN OF WHAT COUNTRY? **US**

13a. FATHER'S NAME **JOHN FOX** 13b. MOTHER'S MAIDEN NAME **ELLA Unknown** 14. NAME OF HUSBAND OR WIFE **CORA BLAKESLEY**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME **Mrs W. J. Fox - Elmo - Mo** ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **Concussion of Pericranium**
INTERVAL BETWEEN ONSET AND DEATH **7 yrs**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.** DUE TO **Of Pericranium**
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 **None** 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) **179X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 **7/1**, 19**50** to **7/23**, 19**51**, that I last saw the deceased alive on **7/22**, 19**51**, and that death occurred at **A** m., from the causes and on the date stated above.

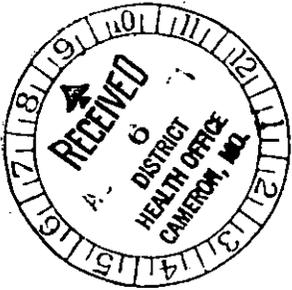
23a. SIGNATURE **B. J. Byland** (Degree or title) **MD** 23b. ADDRESS **Manassas Mo** 23c. DATE SIGNED **7-22-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **JULY 25, 1951** 24c. NAME OF CEMETERY OR CREMATORY **OHIO** 24d. LOCATION (City, town, or county) (State) **BURNINGTON JCT. MO.**

DATE REC'D BY LOCAL REG. **8-4-51** REGISTRAR'S SIGNATURE **Bess Holt 229** 25. FUNERAL DIRECTOR'S SIGNATURE **J. H. Burl. Jct. Mo** ADDRESS _____

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

740
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Aug 21 1959

SEP 4 1959

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.....

Licensed Embalmer No. 2968

P. O. Address Burlington, 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.