

FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4614**

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **136**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Adams	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Quincy	
c. LENGTH OF STAY (in this place) 19 Days		d. STREET ADDRESS (If rural, give location) 601 Monroe	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) (NM) c. (Last) Fox			4. DATE OF DEATH (Month) (Day) (Year) February 13, 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH October 4, 1886		9. AGE (In years last birthday) 65		10. IF UNDER 1 YEAR OR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Molder		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (State or foreign country) Quincy, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Cornelius B. Fox		13b. MOTHER'S MAIDEN NAME Dora L. Wigbel		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 327-65-0405		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hospital Records Springfield Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor Pulmonale		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not thorax, diffuse, left. chronic, adhesive, rt. 1. Anthrosilicotuberculosis 2. Fibro- 3. Pleuritis,					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 001X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **January 25, 1952**, to **February 13, 1952**, and that death occurred at **5:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE A. J. Bondurante, M.D., Chief, Professional Services		23b. ADDRESS VA Hospital Springfield, Mo.		23c. DATE SIGNED Feb. 13, 1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb 15, 1952		24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) (State) Quincy, Illinois	
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DATE REC'D BY LOCAL REG. 2-15-52		REGISTRAR'S SIGNATURE James T. Amos, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alma Schmeyer, Springfield, Mo.	
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(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 _____

working under my personal supervision.

Student Embalmer No.

Signed Gene P. Hunter

Signed
Student Embalmer

Licensed Embalmer No. 4739

P. O. Address Springfield, 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.