

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13498

State File No. _____

No. 260
10. 45
FILED MAY 7 - 1952

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5675 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN - <u>rural - Hurrican township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hurricane township - rural 3570</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 mile n.w. of Elsberry</u>		d. STREET ADDRESS (If rural, give location) <u>10 mile n.w. of Elsberry</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Louisa</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Fox</u>	4. DATE OF DEATH	(Month) <u>4</u>	(Day) <u>17</u>	(Year) <u>52</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 15, 1872</u>	9. AGE (In years last birthday)	<u>79</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				Months	Days	Hours	Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pike county Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Marion F. Triplett</u>	13b. MOTHER'S MAIDEN NAME <u>Melissa Lemery</u>	14. NAME OF HUSBAND OR WIFE <u>Clownie E. Fox</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louise Johnson - Elsberry, Mo.</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis (general)</u> DUE TO (c) _____		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>332X</u> (COUNTY) _____ (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from 3-15, 1952, to 4-17, 1952, that I last saw the deceased alive on 4-15, 1952, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Elsberry, Mo.</u>	23c. DATE SIGNED <u>4/18/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-19-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elsberry City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Elsberry, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-6-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u>	FEDERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Elsberry, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

570
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MAY 8 1952

JUL 7 1952

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.

Garland

Signed _____

Licensed Embalmer No. 401

P. O. Address Elaberry, Mo.

Student _____
Student Embalmer

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.