

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34083

State File No.

No. 300
V. 10-48

NOV 24 1952
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 10 1952

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>372</u>
1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Georgia		b. COUNTY Ware
b. CITY OR TOWN Kirksville		c. LENGTH OF STAY (in this place) 2 day		c. CITY OR TOWN Waycross
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital		d. STREET ADDRESS (If rural, give location) 8		
3. NAME OF DECEASED (Type or Print) David		a. (First) Burt	c. (Last) Fox	4. DATE OF DEATH (Month) (Day) (Year) 11 1 52
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sent. 25, 1900	9. AGE (In years last birthday) 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motel Owner		10b. KIND OF BUSINESS OR INDUSTRY Motel	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William S. Fox		13b. MOTHER'S MAIDEN NAME Winnie Warren	14. NAME OF HUSBAND OR WIFE Myrtle Fox	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 484-26-0715	17. INFORMANT'S SIGNATURE OR NAME Myrtle Fox ADDRESS Waycross, Ga.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Meningitis ANTECEDENT CAUSES Compound fractured skull and laceration of the brain. DUE TO (b) E9009. 21 DUE TO (c) Multiple fractures of femur and pelvis. II. OTHER SIGNIFICANT CONDITIONS Multiple fractures of femur and pelvis. Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 10-30-52	19b. MAJOR FINDINGS OF OPERATION Laceration of brain— Extra and intra dural hematoma		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident in building	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) building	21c. (CITY, TOWN, OR TOWNSHIP) Hudson Township	(COUNTY) Macon	(STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 29 1952 11:45	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell on stairs	
22. I hereby certify that I attended the deceased from 10-30 , 19 52 , to Nov. 1 , 19 52 , that I last saw the deceased alive on Nov 1 , 19 52 , and that death occurred at 9:26A m., from the causes and on the date stated above.				
23a. SIGNATURE A. Stuber, D.O. (Degree or title)		23b. ADDRESS Kirksville, Missouri		23c. DATE SIGNED 11-1-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-2-52	24c. NAME OF CEMETERY OR CREMATORY Cedar Memorial Cem.	24d. LOCATION (City, town, or county) (State) Cedar Rapids, Iowa.	
DATE REC'D BY LOCAL REG. 11-2-52	REGISTRAR'S SIGNATURE Wate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Robert B. Davis ADDRESS Kirkville, Mo.		

DEC 26 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.

Student
Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirkville, 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.