

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44506

FILED JAN 17 1953

State File No. 5720

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 25 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		268	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOSEPH HOSPITAL				d. STREET ADDRESS (If rural, give location) 4059 CENTRAL Street			
3. NAME OF DECEASED (Type or Print) a. (First) Nellie			b. (Middle) B.		c. (Last) Fox		4. DATE OF DEATH (Month) (Day) (Year) DEC 26 1952
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH DEC 23, 1883	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) WATSEKA ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME WILLIAM HENRY FOX			13b. MOTHER'S MAIDEN NAME CARRIE UNKNOWN			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. JESSIE REED 5531 VIRGINIA KANSAS CITY MO			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemopericardium  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) Acute myocardial infarction DUE TO (c) right coronary artery thrombosis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH  4201
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, (and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Russell W. Kott MD (degree or title)				23b. ADDRESS _____		23c. DATE SIGNED 27 Dec 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 29 1952		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY KANSAS CITY MISSOURI		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 12-29-52		REGISTRAR'S SIGNATURE Geraldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DW Newcomers - Sam Kansas City Mo 7331 Bush Street Blue		

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

2.5:30 00

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 Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address KC, 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.