

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **199**

FILED JAN 19 1953

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3000** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		0105
d. FULL NAME OF HOSPITAL OR INSTITUTION 20 Paris Court			d. STREET ADDRESS (If rural, give location) 20 Paris Court		
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS		b. (Middle) LEE	c. (Last) FOX	4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 14, 1873	9. AGE (In years) (Month) (Day) (Hour) (Min.) 79 5 28	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail Carrier
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Audrain County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME James W. Fox		13b. MOTHER'S MAIDEN NAME Margaret Pool		14. NAME OF HUSBAND OR WIFE Ollie Frances Dunavant	
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. ---	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Thos. Lee Fox, Columbia, 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH 6 months		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic nephritis					
DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma left colon			1 year		
19a. DATE OF OPERATION Sept. 3 - 1952		19b. MAJOR FINDINGS OF OPERATION Carcinoma sigmoid colon 592 X H			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 July 1952 , to Jan. 12, 1953 , that I last saw the deceased alive on June 12, 1953 and that death occurred at 10:00 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE John J. Modler M.D. (Degree or title)			23b. ADDRESS Professional Bldg. Columbia, Mo.		23c. DATE SIGNED 1-13-53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial	Jan. 14, 1953	Mt. Carmel Cemetery		Callaway County, Missouri.	
DATE REC'D BY LOCAL REG. Jan 13 1953		REGISTRAR'S SIGNATURE Mrs. R. E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parsons Funeral Service, Columbia, Mo.	

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

105

AUG 13 1954

JAN 22 1953

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 Jack Kelly's

Licensed Embalmer No. 4897

P. O. Address Columbiaville, 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.