

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 1 1953

BIRTH NO. ... REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <b>ADAIR</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>KNOX</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRKSVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HURDLAND</b>	
c. LENGTH OF STAY (in this place)		0 520	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>COMMUNITY HOSPITAL #1</b>		d. STREET ADDRESS (If rural, give location) <b>NONE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ISAAC</b> b. (Middle) <b>CLINTON</b> c. (Last) <b>FOX</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 25 1953</b>		
5. SEX <b>M O</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>APRIL 27, 1876</b>	9. AGE (In years last birthday) <b>76</b>	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PHOTOGRAPHER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PHOTOGRAPH</b>		11. BIRTHPLACE (State or foreign country) <b>MO. MISSOURI</b>	
13a. FATHER'S NAME <b>ADAM FOX</b>			13b. MOTHER'S MAIDEN NAME <b>MARTHA JOLLIFFE</b>		14. NAME OF HUSBAND OR WIFE <b>ESSIE NELSON</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>K</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ADAM O. FOX HURDLAND MO</b>			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Arrest</b>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Atherosclerosis</b> DUE TO (c) <b>Secondary to Senile Changes</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>(Atherosclerosis) of the Arterial Vascular system</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	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) m.	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 **2-7**, 19**53**, to **3-25**, 19**53**, that I last saw the deceased alive on **2-7**, 19**53**, and that death occurred at **8:30 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harold W. Boone M.D.</b>		23b. ADDRESS <b>Kirkville Mo</b>		23c. DATE SIGNED <b>3-25-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAR. 27, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FOOF</b>	24d. LOCATION (City, town, or county) (State) <b>HURDLAND MO</b>	
DATE REC'D BY LOCAL REG. <b>3-28-53</b>	REGISTRAR'S SIGNATURE <b>Wate Lambert 10</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Geoff Weasely, Hurdland Mo</b>		

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

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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 *Geo B Cooley Jr* .....

Licensed Embalmer No. *3755* .....

P. O. Address *Hurdland 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.