

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32350

State File No. _____

FILED 'OCT 14 1953

BIRTH NO. _____ REG. DIST. NO. 345 PRIMARY REG. DIST. NO. 3039 Registrar's No. 578

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

1. PLACE OF DEATH a. COUNTY <u>LINN.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>LINN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARCELINE</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARCELINE</u>		0581
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>209 W. BOOKER</u>			d. STREET ADDRESS (If rural, give location) <u>209 W. BOOKER</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>EDWARD</u>	c. (Last) <u>FOX</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-7-53</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>15 Aug 1871</u>	9. AGE (In years last birthday) <u>82</u>	# UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SANTEFE R.R.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>GREENUP, ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>SARA H. BATHURINE</u>		14. NAME OF HUSBAND OR WIFE <u>LAURA FOX.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>709-18-9932</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LAURA FOX - MARCELINE, MO.</u>			
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) <u>Cerebral Hemorrhage & meningitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive, Arteriosclerotic</u> DUE TO (c) <u>Cardiovascular Disease</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>			20. AUTOPSY? YES <input 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) (Min)	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 <u>Jan 1953</u> , to <u>10-7, 1953</u> that I last saw the deceased alive on <u>10-7, 1953</u> and that death occurred at <u>3A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>John W. ... M.D.</u>		23b. ADDRESS <u>Marceline, Mo</u>		23c. DATE SIGNED <u>10-8-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-9-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROSELAWN</u>	24d. LOCATION (City, town, or county) (State) <u>MARCELINE, MO</u>		
DATE REC'D BY LOCAL REG. <u>10-9-53</u>	REGISTRAR'S SIGNATURE <u>Mary McQuinn 406</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAMES McLAUGHLIN - MARCELINE, MO</u>		

NOV 8 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 *George S. Trammell*
Licensed Embalmer No. *4425*

P. O. Address *600 E. State St.*

Marion, 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.