

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31232

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 298

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Hannibal		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital				e. STREET ADDRESS (If rural, give location) 112 Virginia Street 0644 0					
3. NAME OF DECEASED (Type or Print) a. (First) Rev. Father Thomas Charles Fox b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 9-30-1954						
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married <input checked="" type="checkbox"/>	8. DATE OF BIRTH 6/21/1887		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 48 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Priest			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Thomas L. Fox			13b. MOTHER'S MAIDEN NAME Mary Vantourenhout			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.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Al. Bolfing, Richmond Heights				ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Missouri I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Essential Hypertension</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart - decrease</u> DUE TO (c) <u>Bleeding peptic ulcer</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 ? ? <u>off you for 2 yrs.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5400			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) 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 Jan 5, 1952, to 9-30, 1954, that I last saw the deceased alive on 9-30, 1954 and that death occurred at 2:00 P.M., from the causes and on the date stated above.									
23a. SIGNATURE <u>Alta Travenca Sees</u> (Degree or title)				23b. ADDRESS <u>Hannibal Mo</u>			23c. DATE SIGNED <u>10-2-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/4/1954	24c. NAME OF CEMETERY OR CREMATORY Sts. Peter & Paul		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri				
DATE REC'D BY LOCAL REG. 10-4-54		REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McCluskey, McChesney & O'Hannell Hannibal Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 8 1954

MARION CO. HEALTH DEPT.

DATE FILED OCT 8 1954

OCT 18 1954

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
Signature of Student Embalmer

Signed *Michael J. O'Donnell*

Licensed Embalmer No. *3246*

P. O. Address *Marion, Ind.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.