

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8210

State File No.

FILED APR 14 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1279

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DATES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>FOSTER</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 WEEKS</u>		STREET ADDRESS (If rural, give location) <u>0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAKESIDE HOSPITAL</u>			

3. NAME OF DECEASED a. (First) <u>CHARLES</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>FOX</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR-19-1955</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG-29-1897</u>		9. AGE (In years last birthday) <u>57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STEEL MFG. PLANT</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>STILLWATER, OKLAHOMA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Fox</u>			
13b. MOTHER'S MAIDEN NAME <u>MARY M^c GREGORY</u>		14. NAME OF HUSBAND OR WIFE <u>GOLDIE FOX</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>312-10-0624</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Goldie Fox, 1703 E. 50th St. K.C. 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Nephritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 da</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia (hypostatic)</u>			<u>3 da</u>
		DUE TO (c) <u>Ileus, (paralytic)</u>			<u>10 da</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>5701</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>mechanical obstruction small intestines.</u>			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 3/2/55, 1955, to 3/19/1955, 1955, that I last saw the deceased alive on 3/19/55, 1955 and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23. SIGNATURE C. A. Povolovich (Degree or title) DO 23b. ADDRESS 25 E 12th St. K.C. 6, Mo 23c. DATE SIGNED 3/20/55

24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>	24b. DATE <u>MAR. 22, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OLATHE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>OLATHE KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>3-22-55</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>NEW MONUMENTALIST</u>	ADDRESS <u>1331 Beach Creek K.C. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
C. A. Povolovich

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 *Robert E. Harrison*

Licensed Embalmer No. *484*

P. O. Address *K. O. Me*

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.