

STANDARD CERTIFICATE OF DEATH

FILED APR 19 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **67**

8124  
WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rolla</b>		c. LENGTH OF STAY (in this place) <b>1 mo</b>	c. CITY OR TOWN <b>ROSATI</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McFarland Nursing Home</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) <b>0810</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Orson</b> b. (Middle) <b>D</b> c. (Last) <b>FOX</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 9, 1955</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	
8. DATE OF BIRTH <b>Apr. 4, 1871</b>		9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>18</b> IF UNDER 24 HRS. Hours <b>5</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		
11. BIRTHPLACE (City and State or Foreign Country) <b>Phelps Co, MO</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>James Fox</b>		13b. MOTHER'S MAIDEN NAME <b>Della Crammer</b>		14. NAME OF HUSBAND OR WIFE <b>Lilly Fox</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>Orien Fox - (Bro) 448 1/2 St Louis MO</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Sclerosis</b>		II. OTHER SIGNIFICANT CONDITIONS <b>Senility</b>		yes <input checked="" type="checkbox"/>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) _____			
		DUE TO (c) _____			
		Conditions contributing to the death but not related to the disease or condition causing death.			

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) (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 **4-4, 1955**, to **4-9, 1955**, that I last saw the deceased alive on **4-4, 1955** and that death occurred at **3:45 AM.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. E. Fairbank M.D.</b> (Degree or title)		23b. ADDRESS <b>Rolla mo</b>		23c. DATE SIGNED <b>4-11-55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr 11-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. JAMES, MO</b>	
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DATE REC'D BY LOCAL REG. <b>Apr. 11, 1955</b>		REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. E. Lubliner - St James, MO</b>		ADDRESS	
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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 me, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Orrell E. Lichkies  
Licensed Embalmer No. 254  
P. O. Address St. James

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.