No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 8 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15716

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 198

1. PLACE OF DEATH
a. COUNTY: JACKSON (Rural Brooking)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): INDEPENDENCE
c. LENGTH OF STAY (in this place): 4 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 123 Hill Top Garden

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: JACKSON
c. CITY OR TOWN: INDEPENDENCE
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☒
STREET ADDRESS (If rural, give location): 123 Hill Top Garden

3. NAME OF DECEASED (Type or Print)
a. (First): ALVIN
b. (Middle): MORRIS
c. (Last): FOX

4. DATE OF DEATH (Month) (Day) (Year): May 26 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. ~~MARRIED, NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): WIDOWED
8. DATE OF BIRTH: Sept 3, 1868
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FIREMAN
10b. KIND OF BUSINESS OR INDUSTRY: K.C. MO. DEPT.
11. BIRTHPLACE (City and State or Foreign Country): Boling Green, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: CALVIN P. FOX
13b. MOTHER'S MAIDEN NAME: Julia Wilcox
14. NAME OF HUSBAND OR WIFE: MINNIE FOX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Lelia Cloud — ADDRESS: 123 Hill Top Garden

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic Cardio Vascular — 10-15 yrs.
DUE TO (c): Generalized Arteriosclerosis disease — 10-15 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 19, 1954, *to* May 25, 1955, *that I last saw the deceased alive on* May 26, 1955, *and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert R. Russell, M.D.
23b. ADDRESS: Raytown, Missouri
23c. DATE SIGNED: May 26, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 28 1955
24c. NAME OF CEMETERY ~~OR CREMATORY~~: MT. WASHINGTON CEM.
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 5-27-55
REGISTRAR'S SIGNATURE: James [illegible] 354
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] — ADDRESS: 331 Brush Creek K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jess T. Dew

Licensed Embalmer No. 44

P. O. Address Ban

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.