No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25965

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5557 Registrar's No. .....

0460

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

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Peace Valley
c. LENGTH OF STAY (in this place) 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howell
c. CITY OR TOWN Peace Valley
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) R-2 Dt

0460

3. NAME OF DECEASED (Type or Print) a. (First) Mary Eupha b. (Middle) Fox c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) 8-25-55

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH 10-25-1902
9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Months 10 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Winona Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Bert Richman
13b. MOTHER'S MAIDEN NAME Eva Dunigan
14. NAME OF HUSBAND OR WIFE R. K. Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. yes
17. INFORMANT'S SIGNATURE OR NAME R K Fox Peace Valley
ADDRESS Mo

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion — minutes
DUE TO (c) 4201

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 20 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* 3/30, 1955, *to* 8/25, 1955, *that I last saw the deceased alive on* 8/19, 1955, *and that death occurred at* 2:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M. L. Fowler, MD
23b. ADDRESS West Plains Mo.
23c. DATE SIGNED 8/31/55

24a. BURIAL, CREMATION, REMOVAL (Specify) B.
24b. DATE 8/27-55
24c. NAME OF CEMETERY OR CREMATORY New Hope
24d. LOCATION (City, town, or county) (State) Peace Valley Mo

DATE REC'D BY LOCAL REG. 9-6-55
REGISTRAR'S SIGNATURE Clyde A. Bridges
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robertsons West Plains 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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 34

P. O. Address

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