

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **32406**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **291**

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fulton</b>		c. LENGTH OF STAY (In this place) <b>5 Yrs</b>		c. CITY OR TOWN <b>Fukton</b>		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 <b>Home</b>				e. STREET ADDRESS (If rural, give location) <b>704 Bluff St. 01430</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jesse</b>			b. (Middle) <b>Elmer</b>		c. (Last) <b>Fox</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov-10-1955</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>Oct-15-1869</b>		9. AGE (In years) (Month) (Day) (Year) (If under 1 year last birthday) <b>86 0 25</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Washington Fox</b>			13b. MOTHER'S MAIDEN NAME <b>D.K.</b>			14. NAME OF HUSBAND OR WIFE <b>D.K.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Geo. G. Fox, 1133 Pamela Dr Jeff City</b>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>(PROBABLE) MYOCARDIAL INFARCTION</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROSIS</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 MINUTE</b>  <b>YEARS</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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 <b>14 OCT, 1955</b> , to <b>NDU 10, 1955</b> , that I last saw the deceased alive on <b>NOV 5, 1955</b> , and that death occurred at <b>6:40 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>James E. Hee</b>				23b. ADDRESS <b>40 607 Court, Fulton, Mo</b>		23c. DATE SIGNED <b>11/11/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov-12-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highlandville Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Highlandville Mo.</b>			
DATE REC'D BY LOCAL REG. <b>Nov-11-1955</b>		REGISTRAR'S SIGNATURE <b>Maritta Lawrence</b>			FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wallace Funeral Home, Fulton, Mo</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

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Sibi 86 10M1

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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 Alec R. Masare, Student Embalmer No. 517, working under my personal supervision..

Student A. Masare  
Signature of Student Embalmer

Signed Denzil C. Browning

Licensed Embalmer No. 27

P. O. Address Fulton

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.