

FILED DEC 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36644

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5476 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY GRUNDY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY GRUNDY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL LINCOLN TOWNSHIP		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL		d. STREET ADDRESS (If rural, give location) LINCOLN TOWNSHIP
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) LINCOLN TOWNSHIP		
3. NAME OF DECEASED (Type or Print) a. (First) RHEA b. (Middle) A. c. (Last) FOX			4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT-23-1906	9. AGE (In years last birthday) 49	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WILLIE FOX		13b. MOTHER'S MAIDEN NAME JESSIE RHEA		14. NAME OF HUSBAND OR WIFE GOLDIE FOX	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS GOLDIE FOX TRENTON 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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot gun wound into head INTERVAL BETWEEN ONSET AND DEATH instantly ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 976X		
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) Suicide		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 Nov 30, 1955 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:45 AM. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Donald H. Slater, County Coroner, Trenton, Missouri			23b. ADDRESS		23c. DATE SIGNED Nov 30, 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC-2-1955	24c. NAME OF CEMETERY OR CREMATORY FOX CEM.	24d. LOCATION (City, town, or county) (State) GRUNDY CO. MO.		
DATE REC'D BY LOCAL REG. 12-2-55		REGISTRAR'S SIGNATURE Jrene Fair 115		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SCHOOLER FUNERAL HOME SPICKARD 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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard St.

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 this body is not embalmed, fact should be so stated above.