

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15742

State File No.

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 292

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. CITY OR TOWN Cape Girardeau	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 36 yrs.		STREET ADDRESS (If rural, give location) 930 Jefferson St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 930 Jefferson St.			

3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Simon		c. (Last) Fox		4. DATE OF DEATH (Month) (Day) (Year) May 20, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 11, 1869		9. AGE (In years last birthday) 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Blairsville, Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Fox		13b. MOTHER'S MAIDEN NAME Odalia Kuhns		14. NAME OF HUSBAND OR WIFE Caroline Fox			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Caroline Fox ADDRESS Cape Girardeau, Mo.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyo-nephritis, chronic				INTERVAL BETWEEN ONSET AND DEATH 2 years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia				6 months	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized				15 years	

19a. DATE OF OPERATION 9-21-55		19b. MAJOR FINDINGS OF OPERATION Benign Prostatic Hypertrophy		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 Feb. 2, 1955, to May 20, 1956, that I last saw the deceased alive on May 20, 1956, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Edward D. Campbell M.D.		23b. ADDRESS Cape Girardeau, Mo.		23c. DATE SIGNED MAY 22 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/23/56		24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery	
24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE T. C. Summers ADDRESS Cape Girardeau, Mo.			
DATE REC'D BY LOCAL REG. 5-24-56		REGISTRAR'S SIGNATURE T. C. Summers			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Eugene L. Stubbs, Student Embalmer No. 528 working under my personal supervision.

Student Eugene L. Stubbs
Signature of Student Embalmer

Signed C. J. Loberg
Licensed Embalmer No. 381
P. O. Address Cape Girardeau

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.