

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33338**

FILED OCT 29 1956

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **460**

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir	
b. CITY (If outside corporate limits, write RURAL and give town) 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) Approx. 5 hrs.		e. STREET ADDRESS (If rural, give location) 1135 So Pacific	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cape Girardeau Osteopathic		0166	
3. NAME OF DECEASED (Type or Print) a. (First) Lester b. (Middle) Ray c. (Last) Fox		4. DATE OF DEATH (Month) (Day) (Year) Oct 21 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 1 1915
9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months 7 Days 20	IF UNDER 24 HRS. Hours 20 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Kembel Truck Lines	11. BIRTHPLACE (City and State or Foreign Country) Marble Hill Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wm Fox	13b. MOTHER'S MAIDEN NAME Marydell Crites	14. NAME OF HUSBAND OR WIFE Lillian Fox	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. W.W 2	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lillian Fox Cape Gir 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.		19. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Coronary Thrombosis	
DUE TO (c) Acute Cardiac Dilatation & Gastric Retention			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis & Gastritis & Obesity			
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)	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 10/21, 1956 , to 10/21, 1956 , that I last saw the deceased alive on 10/21, 1956 , and that death occurred at 7:52 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE M.J. Newell	(Degree or title) D.O.	23b. ADDRESS 285 Spanish Cape Girardeau, Mo	23c. DATE SIGNED 10/23/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 23 1956	24c. NAME OF CEMETERY OR CREMATORY Grader Cemetery	24d. LOCATION (City, town, or county) (State) Marble Hill Mo.
DATE REC'D BY LOCAL REG. 10-24-56	REGISTRAR'S SIGNATURE C. C. Summer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brinkopf Howell Cape Gir, Mo.	

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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. H. Estes*.....

Licensed Embalmer No. *356*

P. O. Address *Cape...*

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.