

FILED JAN 21 1957

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 5690 Registrar's No. 6

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Linn</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>                        |  |   |  |
| b. CITY (If outside corporate limits give TOWNSHIP only)<br>OR TOWN <u>Yellow Creek Twp</u>   |  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                        |  | c. CITY OR TOWN <u>Yellow Creek Twp</u>  |  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                         |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION   |  |  |  | d. STREET ADDRESS (If outside, give location) <u>Reside on Farm</u><br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>               |  |   |  |
| 3. NAME OF DECEASED (Type or print) <u>WILLIAM THOMAS FOX</u><br><i>First Middle Last</i>   |  |  |  | 4. DATE OF DEATH <u>Jan. 11-1957</u><br><i>Month Day Year</i>  |  |   |  |
| 5. SEX <u>M</u>   |  | 6. COLOR OR RACE <u>W</u>  |  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH <u>Aug-21-1898</u>   |  |
| 9. AGE (In years last birthday) <u>78</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> |  | 100. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTH PLACE (City and state or country) <u>Linn Co Mo</u>   |  |
| 13. FATHER'S NAME <u>Thos Fox</u>   |  | 14. MOTHER'S MAIDEN NAME <u>Elizabeth Martin</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. C.</u>   |  | 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.   |  |  |  | 17. INFORMANT <u>Martin Fox St Balthern Mo</u><br><i>Address</i>   |  |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u><br>DUE TO (b) _____<br>DUE TO (c) <u>Chronic interstitial nephritis</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 yrs</u><br><u>4 yrs</u>  |  |
| 20a. ACCIDENT <input type="checkbox"/>  |  | SUICIDE <input type="checkbox"/>   |  | HOMICIDE <input type="checkbox"/>  |  | 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)              |  |
| 20c. TIME OF INJURY<br>Hour _____<br>a. m. _____<br>p. m. _____   |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |  |
| 21. I attended the deceased from <u>Jan 7-1953</u> to <u>Jan 11-1957</u> and last saw her alive on <u>Jan 10-1953</u><br>Death occurred at <u>11:30</u> <u>17</u> m on the date stated above; and to the best of my knowledge, from the causes stated.  |  |  |  |  |  |   |  |
| 22a. SIGNATURE (Degree or title) <u>W. H. Potter Sr-2</u>   |  |  |  | 22b. ADDRESS <u>Brookfield Mo</u>  |  | 22c. DATE SIGNED <u>1-12-57</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   |  | 23b. DATE <u>1-13-57</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY <u>St Michael Cem</u>   |  | 23d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>  |  |
| 24. FUNERAL DIRECTOR <u>W. H. Blacklock Brookfield</u><br><i>ADDRESS</i>  |  |  |  | 25. DATE RECD. BY LOCAL REG. <u>1-24-1957</u>  |  | 26. REGISTRAR'S SIGNATURE <u>Katharine Johnson</u><br><i>Sup</i>  |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *J. H. Blacklock* .....

Licensed Embalmer No. *22*

P. O. Address *Providence*

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