

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11980**

FILED MAY 2 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY. <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Mexico</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>919 S. Grove</u> <u>0043</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Walter</u>		b. (Middle)		c. (Last) <u>FOX</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 9, 1900</u>		9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months Days	
IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fire Brick</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Lester E. Fox</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy See Fox</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, specify service) <u>World War II</u>	16. SOCIAL SECURITY NO. <u>486-16-9844</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dorothy Fox</u>	ADDRESS <u>Mexico, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infection Hepatitis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Blood Transfusion</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>951X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>46</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>139</u> (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 July 1956 to April 24, 1957 that I last saw the deceased alive on April 24, 1957, and that death occurred at 12:20 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold D. Sanders M.D.</u>	23b. ADDRESS <u>Mexico Mo</u>	23c. DATE SIGNED <u>4-26-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 24, 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>
24d. LOCATION (City, town, or county) <u>Mexico, Mo.</u>		(State)

DATE REC'D BY LOCAL REG. <u>April 26 1957</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Brett-Houston</u>	ADDRESS <u>Mexico, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9-0

MAY 9 1957

MAR 18 1958

MAY 17 1957

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 *Ralph L. Hueston Jr.*  
Licensed Embalmer No. 4687

P. O. Address Mexico, Mo.....

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.