FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30500
STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 165

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Fitz Gibbons Hospital — Length of stay in 1b 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline
c. CITY OR TOWN Marshall 0972 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 306 E. Lacy St. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First THERESA Middle MARY ELIZABETH Last FOX

4. DATE OF DEATH Month September Day 1 Year 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH October 25, 1871
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months 10 Days 6 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY House Cleaning
11. BIRTHPLACE (City and state or country) Born Carnwall England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Larroy James
14. MOTHER'S MAIDEN NAME Elizabeth Richards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs Alice Seek — Address Richmond Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardio Vascular Dis — 15 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 443X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 March 1957, to Sept 1, 1957 and last saw her/him alive on Sept 1, 1957
Death occurred at 5 30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marvin E Boehm MD
22b. ADDRESS Marshall, Mo
22c. DATE SIGNED 9/1/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE September 1, 1957
23c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery
23d. LOCATION (City, town, or county) (State) Richmond, Missouri

24. FUNERAL DIRECTOR ADDRESS Quest-Lile Funeral Home Richmond Missouri per [illegible]
25. DATE RECD. BY LOCAL REG. 9-1-57
26. REGISTRAR'S SIGNATURE Cecil F. Read

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No..40

P. O. Addres

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.