MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-036738
STATE FILE NUMBER

AMENDED

Registration District No. 145 Primary Registration District No. 5566 Registrar's No. 54

FILED NOV 7 1961

1. PLACE OF DEATH
a. COUNTY Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Belleview
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3/4 Mi SW of Belleview
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Iron
c. CITY OR TOWN Belleview, Mo.
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1 Mi. S of Bellview
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First JIMMY Middle EDWARD Last FOXX
4. DATE OF DEATH Month Nov. Day 1 Year 1961
5. SEX Male
6. COLOR OR RACE white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 19Jun1944
9. AGE (last birthday) 17
IF UNDER 1 YEAR Months 4 Days 12 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operater
10b. KIND OF BUSINESS OR INDUSTRY construction
11. BIRTHPLACE (City and state or country) Ironton, Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Elmer L. Foxx
13b. MOTHER'S MAIDEN NAME Bessie Swinford
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr Elmer L. Foxx Address Belleview, Mo.

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) Electrocuted
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.) climbed pole on high tension line and made contact with 7200 voltage line.
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.) on farm
20f. CITY, TOWN, OR LOCATION 2mi. Se. Belleview, Mo COUNTY Iron STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 1.00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O. C. Harrell (Degree or title) Coroner
22b. ADDRESS Ironton, Mo.
22c. DATE SIGNED II/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov 4-1961
23c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery
23d. LOCATION (City, town, or county) (State) Caledonia, Missouri

24. FUNERAL DIRECTOR Emery Wilson ADDRESS White Funeral Home Ironton, Mo.
25. DATE RECD. BY LOCAL REG. Nov 4- 1961
26. REGISTRAR'S SIGNATURE Mrs Elizabeth Logan

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED BY AFFIDAVIT OF DOCUMENT

NOV 9 1961

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 Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Ironton, Missouri

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.