

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028307

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4283

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 14 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ansas City</u> Length of stay in lb <u>9 yrs</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CLAY</u> c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>5306 NO. CAMBRIDGE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First <u>Herman</u> Middle <u>Eugene</u> Last <u>Fox</u>	4. DATE OF DEATH Month <u>July</u> Day <u>29</u> , Year <u>1963</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-3-24</u>	9. AGE (last birthday) <u>39</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Whitaker Cable Co.</u>	11. BIRTHPLACE (City and state or country) <u>Pottersville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Everett Fox</u>	13b. MOTHER'S MAIDEN NAME <u>Wretha Spencer</u>	14. NAME OF HUSBAND OR WIFE <u>Florine Fox</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO -</u>	17. INFORMANT Address <u>K.C. 19-mo.</u> <u>FLORINE FOX - 5306 NO. CAMBRIDGE</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Rheumatic Heart Disease with aortic stenosis and insufficiency</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 7-14-63 to 7-29-63 and last saw her/him alive on 7-29-63  
 Death occurred at 8:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or Title) <u>MD</u>	22b. ADDRESS <u>2400 Cherry</u>	22c. DATE SIGNED <u>7-30-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Aug 2-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LEA BETTER Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Pottersville, Mo.</u>
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24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons - KANSAS CITY</u>	ADDRESS <u>NORTH</u>	25. DATE RECD. BY LOCAL REG. <u>7-31-63</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59	DATE AMENDED	
1	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
2 <u>6088</u>	INSTEAD OF	
3	DOCUMENT	
4 <u>0</u>	BY AFFIDAVIT OF	
5 <u>1</u>	Frank Ellis	
6	MEDICAL CERTIFICATION	
7 <u>0</u>	SHOULD READ	
8 <u>2</u>	ITEM NO.	
9 <u>9411X</u>	USE BLACK INK OR TYPEWRITER RIBBON	
10		
11		
12 <u>1257-0</u>		
13		

MAR 23 1963

AUG 14 1963

**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 John T. Henrich

Licensed Embalmer No. 2848

P. O. Address K. C. 17, 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.