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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020201
STATE FILE NUMBER

FILED JUN 11 1959 Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY: Vernon b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington Township — Inside Limits: Yes ☐ No ☒ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital #3 — Length of stay in 1b: 4 mos 17 da	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Cedar c. CITY OR TOWN: Stockton — Inside Limits: Yes ☒ No ☐ d. STREET ADDRESS (If outside, give location): Unknown — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Thelma	Middle: Irene	Last: Fox	4. DATE OF DEATH: Month: May	Day: 29	Year: 1959	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Dec 25, 1911	9. AGE (In years last birthday): 47	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): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: ---	11. BIRTHPLACE (City and state or country): Greene County, Missouri	12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Charles Harris	13b. MOTHER'S MAIDEN NAME: Carrie Gray	14. NAME OF HUSBAND OR WIFE: Glenn Fox	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: 451-38-4062	17. INFORMANT Address: Records-State Hospital #3, Nevada, 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): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 18 Hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ---
DUE TO (c): ---
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): --- 4201
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 5-12-59 to 5-29-59 and last saw her alive on 5-29-59
Death occurred at 6:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): [signature]	22b. ADDRESS: State Hospital #3, Nevada, Mo.	22c. DATE SIGNED: 5-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 5/29/59	23c. NAME OF CEMETERY OR CREMATORY: STOCKTON Cem	23d. LOCATION (City, town, or county): STOCKTON	(State): MO
24. FUNERAL DIRECTOR: Canton	ADDRESS: STOCKTON-MO	25. DATE RECD. BY LOCAL REG.: 6-8-59	26. REGISTRAR'S SIGNATURE: [signature]	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

JUN 11 1958

VS MAY 24 1960

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 ..A. Lloyd C McCall.....

Licensed Embalmer No. 4853

P. O. Address ..Nevada, 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.