

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29143

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6128 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <b>Shannon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shannon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Eminence, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Eminence, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Homer</b> b. (Middle) <b>Luke</b> c. (Last) <b>Fansler</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 7 1950</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>April 25 1918</b>
9. AGE (In years last birthday) <b>32</b>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Elec. Ref.</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Shannon County Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Roy S Fansler</b>	
13b. MOTHER'S MAIDEN NAME <b>Rosa Nichols</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes War# 2</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Ruth Akers</b>		ADDRESS <b>St Louis Mo</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gun Shot Wound,</b>  ANTECEDENT CAUSES DUE TO (b) <b>Murder</b> DUE TO (c) <b>Murder</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Murder</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>E981X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION <del>8/18/50</del>		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Murder</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>At Home</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Near Eminence Shannon Co, Mo,</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8/7/ 1950 9:30 P.M.</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Murder</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>[Signature]</b> acting Coroner (or title) <b>Probate Judge</b>		23b. ADDRESS <b>Eminence, Mo.</b>	
23c. DATE SIGNED <b>8/15/1950</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>aug 11 50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Tripp Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Eminence, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Duncan Funeral Home Mtn View, Mo</b>	
DATE REC'D BY LOCAL REG. <b>8/18/50</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 15 1951

JUL 9 1953

JUL 17 1953

JUL 1 1953

RECEIVED

AUG 19 1950

DISTRICT HEALTH OFFICE

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 .....  
Student Embalmer

Signed *John F. Spencer*

Licensed Embalmer No. *2576*

P. O. Address *Matthew St*

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 this body is not embalmed, fact should be so stated above.