

FILED OCT 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30109

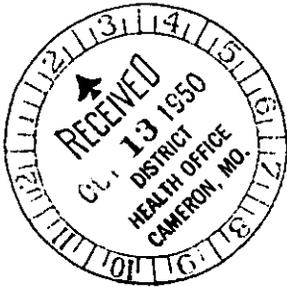
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 130

| | | | | | |
|---|---|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Grundy</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u> | | c. LENGTH OF STAY (in this place) <u>13 years</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u> <u>0402</u> <u>0</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1915 Princeton Rd. Trenton, Mo</u> | | | d. STREET ADDRESS (If rural, give location) <u>1915 Princeton Road.</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Theodore</u> | | b. (Middle) <u>A. (Bart)</u> | c. (Last) <u>Fanning</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 8 1950</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Aug 30 1872</u> | 9. AGE (In years last birthday) <u>78</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>8</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u> | 11. BIRTHPLACE (State or foreign country) <u>Grundy County Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>W.P. Fanning</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah H Lynch</u> | | 14. NAME OF HUSBAND OR WIFE <u>Anna Belle Hicks Fanning (Dec)</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bessie Wincoff (Daughter) Trenton, Mo</u> | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>1 year</u> <u>331X</u> |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>about 1949</u> to <u>Oct 8, 1950</u> , that I last saw the deceased alive on <u>Oct 8, 1950</u> and that death occurred at <u>9:45 a.m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>E.A. Duffy M.D.</u> | | | 23b. ADDRESS <u>Trenton</u> | | 23c. DATE SIGNED <u>Oct 10 1950</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>October 10, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Martin Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Grundy County Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>10/10/50</u> | | REGISTRAR'S SIGNATURE <u>Gene Fair</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Davis-Blackmore Trenton, Mo</u> | |

E.A. Duffy!



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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed J. Gordon Blackmon Student Embalmer No.....

Licensed Embalmer No. 4602

P. O. Address Trouton, 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 this body is not embalmed, fact should be so stated above.