

JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20440
State File No. 2734

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2734

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>499m</u>		d. STREET ADDRESS (If rural, give location) <u>5732 PROSPECT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LUKE'S HOSPT</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVERETT</u>		b. (Middle) _____ c. (Last) <u>FANNING</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 13 1952</u>		5. SEX <u>MO</u> 6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>9/16/81</u>	
9. AGE (In years last birthday) <u>70</u>		10. UNDER 1 YEAR Months _____ Days _____	
11. UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>RETIRED</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>TRENTON Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>JOHN FANNING</u>	
13b. MOTHER'S MAIDEN NAME <u>WISN</u>		14. NAME OF HUSBAND OR WIFE <u>BESSIE McKENLIE FANNING</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>2</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>John Fanning</u>		ADDRESS <u>11. C 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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart failure.</u> DUE TO (c) <u>Chronic myocarditis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of the stomach</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>6-9-1952</u> to <u>6-13-1952</u> , that I last saw the deceased alive on <u>6-13-1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23. SIGNATURE <u>Chester E. Lee MD</u> (Degree or title)		23b. ADDRESS <u>174 Plaza, Two Plaza, Kansas City, Mo</u>	
23c. DATE SIGNED <u>6-14-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>6/16/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FLORA HILLS</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SHEILS</u>	
DATE REC'D BY LOCAL REG. <u>6-16-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>SHEILS</u>		ADDRESS <u>11. C Mo</u>	

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

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.

Student Embalmer No.....

Signed.....

Richard E. Carroll

Signed.....

Student Embalmer

Licensed Embalmer No. *4829*

P. O. Address *R. E. M.*

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.