

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30854

FILED OCT 6 1952

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5131 Registrar's No. 1031

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Rural: Washington Twp.</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Rural: Washington Twp.</b>                               |  |
| c. LENGTH OF STAY (In this place)<br><b>life</b>  |  | d. STREET ADDRESS (If rural, give location)<br><b>R. R. #2</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>R. R. #2</b>  |  |   |  |

|   |                                  |  |  |
|---|----------------------------------|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Neva</b> b. (Middle) <b>A.</b> c. (Last) <b>Fansher</b> |                                  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>September 24, 1952</b>  |  |
| 5. SEX<br><b>female</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>  | 8. DATE OF BIRTH<br><b>January 20, 1889</b>                              |
| 9. AGE (In years last birthday)<br><b>63</b>  |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b> | 11. BIRTHPLACE (State or foreign country)<br><b>St. Joseph, Missouri</b> |
| 10b. KIND OF BUSINESS OR INDUSTRY<br><b>own home</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME<br><b>LeRay D. Arnold</b>  | 13b. MOTHER'S MAIDEN NAME<br><b>Amelia Miller</b> | 14. NAME OF HUSBAND OR WIFE<br><b>J. W. Fansher</b> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> |   | 16. SOCIAL SECURITY NO.<br>_____                    |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>J. W. Fansher, R.R. #2, St. Joseph, Mo.</b>                           |   |   |

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <b>Chronic Myo-Carditis</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 year last</b><br><b>5 yrs (est)</b>        |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>General Arteriosclerosis</b>   |  |   |
|   | DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Woman was a Christian Scientist and had not been under medical treatment</b> |  |   |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>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) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><b>422-1</b>      |

22. I hereby certify that I attended the deceased from on 9/24, 1952, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

|   |                               |  |   |
|---|-------------------------------|--|---|
| 23a. SIGNATURE<br><b>H. J. Munday MD (Coroner)</b>            | (Degree or title) <b>3</b>    | 23b. ADDRESS<br><b>St. Joseph Mo</b>                           | 23c. DATE SIGNED<br><b>9/24/52</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>cremation</b> | 24b. DATE<br><b>9/26/1952</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Elmwood Cr-matory</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b> |

|  |   |   |
|--|---|---|
| DATE REC'D BY LOCAL REG.<br><b>Oct 2, 1952</b> | REGISTRAR'S SIGNATURE<br><b>Carl C. Casey</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Heaton - Bowman Funeral Home</b> |
|--|---|---|

(Licensed Embalmer's Statement on Reverse Side) **St. Joseph, Mo.**

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Henry W. Carter* .....

Licensed Embalmer No. *4814* .....

P. O. Address *319 S. 10<sup>th</sup>* .....

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.