

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

35399

FILED NOV 3 1952

State File No. \_\_\_\_\_  
 Registrar's No. 449

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		State File No. _____		Registrar's No. 449					
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jasper									
b. CITY (If outside corporate limits, write RURAL and give town or township) Joplin			c. LENGTH OF STAY (In this place) 45 yrs			c. CITY (If outside corporate limits, write RURAL and give township) Joplin 0495							
d. FULL NAME OF HOSPITAL OR INSTITUTION 907 East 2nd				d. STREET ADDRESS (If rural, give location) 907 East 2nd									
3. NAME OF DECEASED (Type or Print) OLLIE			a. (First)		b. (Middle) J.		c. (Last) FANNING		4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1952				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH May 9, 1889		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days		IF UNDER 2 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY odd jobs		11. BIRTHPLACE (City and State or Foreign Country) Rock House, Arkansas			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME John Fanning				13b. MOTHER'S MAIDEN NAME Mary Hamilton				14. NAME OF HUSBAND OR WIFE none					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk				16. SOCIAL SECURITY NO. unk		17. INFORMANT'S SIGNATURE OR NAME Mrs. Jessie Gilbert, 907 E. 2nd						ADDRESS	
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) Broncho pneumonia (virus type) ANTECEDENT CAUSES Adorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis								INTERVAL BETWEEN ONSET AND DEATH 4-5 days			
19a. DATE OF OPERATION Now		19b. MAJOR FINDINGS OF OPERATION 492X								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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) Now m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Now									
22. I hereby certify that I attended the deceased from 19__ to ____, 19__, that I last saw the deceased alive on 10-9-, 1952, and that death occurred at 6:30 a.m., from the causes and on the date stated above.													
23a. SIGNATURE 3 (Degree or title) 10-10-52						23b. ADDRESS Joplin Nat'l Burk Bldg.			23c. DATE SIGNED 10/10/52				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/13/52		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial		24d. LOCATION (City, town, or county) (State) Joplin, Missouri							
DATE REC'D BY LOCAL REG. 10-13-52		REGISTRAR'S SIGNATURE Ed. C. James 138				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Steve Parker Mortuary, Joplin, Mo.							

(Licensed Embalmer's Statement on Reverse Side)

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

5495

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RECEIVED 10-27-52  
Jasper County Health Office

County File Number 52/10/823

Date Filed 10-27-52

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 *F. M. Jones*

Licensed Embalmer No. 2319

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