

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39440

State File No.

FILED DEC 10 1952

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 404

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
c. LENGTH OF STAY (In this place) 1 hour		0644	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering		d. STREET ADDRESS (If rural, give location) 421 Olive	

3. NAME OF DECEASED (Type or Print) Fannie May Boren			4. DATE OF DEATH (Month) (Day) (Year) December 3, 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH January 7, 1885	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days 10 26	IF OVER 1 YEAR Hours Min. 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (State or foreign country) Santa Fe Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME George W. Boren	13b. MOTHER'S MAIDEN NAME Ann Tuggle	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) No None	16. SOCIAL SECURITY NO. 490-07-5342	17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred Rether Hannibal Missouri

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) CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) CORONARY SCLEROSIS.		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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 Dec 3/52, 1952, to Dec 3, 1952, that I last saw the deceased alive on Dec 3, 1952, and that death occurred at 8:00 P. M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree of title)	23b. ADDRESS Hannibal Mo	23c. DATE SIGNED Dec 5 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed	24b. DATE 12/8/52	24c. NAME OF CEMETERY OR CREMATORY DORF Cem	24d. LOCATION (City, town, or county) (State) Shelby Co Mo
DATE REC'D BY LOCAL REG. 12/8/52	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 12-11-52
MARION CO. HEALTH DEPT.
DATE FILED 12-12-52

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *John S. Ward*.....

Licensed Embalmer No. ~~450~~ 4540

P. O. Address Hannibal 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.