

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

32257

State File No.

FILED SEP 21 1953

BIRTH NO.		REG. DIST. NO. <u>5602</u>		PRIMARY REG. DIST. NO. <u>165</u>		Registrar's No. <u>20</u>		
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.R. 2, Chilhowee, Mo.</u>		c. LENGTH OF STAY (In this place) <u>5 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Chilhowee T.S. 0510</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. No. 2 Chilhowee, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) <u>Myrtle</u> c. (Last) <u>Fearans</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12, 1953</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Feb. 1, 1880</u>		
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 WKS. Hours Mins.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Valley City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John King Thompson</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda Bomar</u>			14. NAME OF HUSBAND OR WIFE <u>Charles B. Fearans</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Charles Fearans, Chilhowee, 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>Carcinoma of rectum</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
ANTECEDENT CAUSES Morbid 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.						
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) (Min.)		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>Feb</u> , 19 <u>47</u> , to <u>9-12-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-1, 1953</u> , and that death occurred at <u>2:45A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Warrensburg, Missouri</u>			23c. DATE SIGNED <u>9-12-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-14-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hocker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Johnson Co., Missouri</u>		
DATE REC'D BY LOCAL REG. <u>9-15-1953</u>		REGISTRAR'S SIGNATURE <u>Mamie W. Haskin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R.A. Brauninger, Warrensburg, Mo.</u>				

(Licensed Embalmers' Statement on Reverse Side)

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

300
48

10
1

RECEIVED
SEP 16 1953
JOHNSON COUNTY HEALTH DEPT.

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

RA Bannigan

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.