

FILED OCT 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32897**

BIRTH NO. _____		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 4517		Registrar's No. 90			
1. PLACE OF DEATH a. COUNTY Taney				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE MO				b. COUNTY Taney	
b. CITY (If outside corporate limits, write RURAL and give town or township) Brunson		c. LENGTH OF STAY (in this place) 4 Ws.		c. CITY OR TOWN Hallister		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Steggs Hospital				e. STREET ADDRESS (If rural, give location) Rural				1060	
3. NAME OF DECEASED (Type or Print) a. (First) Albert		b. (Middle) Meade		c. (Last) Fondray		4. DATE OF DEATH (Month) (Day) (Year) 9-20-56			
5. SEX m	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-2-1890		9. AGE (In years Last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farm Trucking		11. BIRTHPLACE (City and State or Foreign Country) Kansas		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Albert Fondray		13b. MOTHER'S MAIDEN NAME Olivia Meade		14. NAME OF HUSBAND OR WIFE Bertha Fondray					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha Fondray Hallister MO					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 4 days		
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular Disease Diabetes melitus					1 yr		
		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) 260X					
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 May , 1956, to 9-20 , 1956, that I last saw the deceased alive on 9-20 , 1956, and that death occurred at 9:40 pm., from the causes and on the date stated above.									
23a. SIGNATURE W. L. ... (Degree or title)				23b. ADDRESS Brunson Mo		23c. DATE SIGNED 9-21-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-23-56	24c. NAME OF CEMETERY OR CREMATORY South Memorial Park		24d. LOCATION (City, town, or county) (State) Brunson MO				
DATE REC'D BY LOCAL REG. 9/28/56		REGISTRAR'S SIGNATURE Heleen ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Whelchel Funeral Home Brunson Mo					

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

14-
handwritten

NOV 8 1957

AUG 1 1 1958

JUL 24 1958

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.....
Signature of Student Embalmer

Signed *Minnie L. Wheeler*

Licensed Embalmer No. *227*

P. O. Address *Bunson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.