U.S. No. 300
Rev. 10.48

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

FILED MAY 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15899

BIRTH NO. 28314-57 REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. [redacted]53

1. PLACE OF DEATH
a. COUNTY: SULLIVAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MILAN,
c. LENGTH OF STAY (in this place): 25½ Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SULLIVAN CO. MEM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SULLIVAN
c. CITY OR TOWN: MILAN,
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 10-50

3. NAME OF DECEASED (Type or Print)
a. (First): GRADY
b. (Middle): ALVIN
c. (Last): FANNING

4. DATE OF DEATH (Month) (Day) (Year): 4-30-1957

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 4-29-57
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 25 Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Rondal Fanning
13b. MOTHER'S MAIDEN NAME: Carol Jean Jacobs
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):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Carol Jean Jacobs
ADDRESS: Milan, 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): Premature labor — INTERVAL BETWEEN ONSET AND DEATH: ~~33 hrs~~
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): atelectasis — 21 hrs. 31 min
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Premature labor — 33 hrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 7620
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4/27, 1957, *to* 4/30, 1957, *that I last saw the deceased alive on* 4/30, 1957, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. W. Simmons
(Degree or title): D.O.
23b. ADDRESS: Milan
23c. DATE SIGNED: 5/1/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-1-57
24c. NAME OF CEMETERY OR CREMATORY: Baker Cemetery
24d. LOCATION (City, town, or county): Sullivan Co
(State): Mo.

DATE REC'D BY LOCAL REG.: 5-2-57
REGISTRAR'S SIGNATURE: Mrs. M. W. Beckett
25. FUNERAL DIRECTOR'S SIGNATURE: Dwight Simons
ADDRESS: Milan Mo

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Dwight Schoene.....

Licensed Embalmer No. 2667

P. O. Address ....Nelan, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.