FILED JUN 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 021825
STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Macon Hudson Twp — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Still-Hildreth Sanatorium — Length of stay in Hospital: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Texas b. COUNTY: Nueces
c. CITY OR TOWN: Corpus Christi — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1402 Ave B — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Fannie Middle: Mabel Last: Vanlaningham
4. DATE OF DEATH: Month: June Day: 15 Year: 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: April 16 1881
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months: 1 Days: 30 — IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Motel manager
10b. KIND OF BUSINESS OR INDUSTRY: Motel
11. BIRTHPLACE (City and state or country): Green City, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.
13. FATHER'S NAME: Thomas Beatty
14. MOTHER'S MAIDEN NAME: Suzanne Taylor
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Leeland Van Laningham Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Medullary failure — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic brain syndrome associated with — indefinite
DUE TO (c) cerebral arteriosclerosis — indefinite
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 334X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 12,1957, to June 15. 1957 and last saw her/him alive on June 15,1957
Death occurred at 5:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Anne L. Mauck D.O. 2
22b. ADDRESS: Macon, Missouri.
22c. DATE SIGNED: 6/15/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/16/57
23c. NAME OF CEMETERY OR CREMATORY: Maple Hills Cemetery
23d. LOCATION (City, town, or county) (State): Kirksville, Mo.
24. FUNERAL DIRECTOR: Paul M. Riley ADDRESS: Kirksville, Mo.
25. DATE RECD. BY LOCAL REG.: 6/15/57
26. REGISTRAR'S SIGNATURE: Ruth M Neely

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

County

Date Filed 6-25-57

AUG 26 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Kenneth E. Hay

Licensed Embalmer No. 48

P. O. Address Kirkwood

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