

BUREAU DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042885

FILED VS DEC 1 1960

STATE FILE NUMBER

Registration District No. 2-31 23 Primary Registration District No. 5312 #397 Registrar's No. _____

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Montgomery	Length of stay in 1b 17 yrs	a. STATE Missouri	b. COUNTY Montgomery
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prarire	c. CITY OR TOWN Bellflower	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Bellflower Mo.	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Alma	Middle Fanning	Last	Month Nov	Day 26	Year 1960
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-28-1868	9. AGE (last birthday) 92	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY Invalid	11. BIRTHPLACE (City and state or country) Bowling Green Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Phillip Wright		13b. MOTHER'S MAIDEN NAME Ann Ward		14. NAME OF HUSBAND OR WIFE James W. Fanning Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Elizabeth Johnson Bellflower Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 36 hrs.
IMMEDIATE CAUSE (a) Acute Myocarditis			
DUE TO (b) Massive Cerebral Haemorrhage			
DUE TO (c) Chronic Arteriosclerotic nephritis			?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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.				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 Jan 4, 1938 **to** Nov 26, 1960 **and last saw her/him alive on** Nov 25, 1960
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James O. Helm M.D.		22b. ADDRESS New Florence Mo		22c. DATE SIGNED 11-26-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-28-1960	23c. NAME OF CEMETERY OR CREMATORY Bellflower		23d. LOCATION (City, town, or county) (State) Bellflower Mo.

24. FUNERAL DIRECTOR Oland A. Jones	ADDRESS Fellflower Mo	25. DATE RECD. BY LOCAL REG. Nov 27 60	26. REGISTRAR'S SIGNATURE Leslie Rigg
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Clarence A. Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower

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.