

FILED JUN 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21885

Registration District No. 170

Primary Registration District No. 5636

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE
(b) City or town RURAL WASHINGTON TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
LEBANON R.I.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 18 YRS
years, months or days)

3. (a) PRINT FULL NAME FANNIE P ADDISON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HENRY ADDISON 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased APR 11 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 14 Days 14 If less than one day hr. _____ min. _____

9. Birthplace LACLEDE CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name DAVE BUSTER
13. Birthplace LACLEDE CO MO
(City, town, or county) (State or foreign country)
14. Maiden name BETTIE THIPPS
15. Birthplace LACLEDE MO
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Addison
(b) Address R.I. LEBANON MO
17. (a) BURIAL (b) Date thereof 4-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Cen.

18. (a) Signature of funeral director Palmer
(b) Address Lebanon Mo
19. (a) June 5-44 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.I. LEBANON
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR day 25
year 1944 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 15 1943 to April 25 1944
that I last saw her alive on April 10 1944
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

myocardial failure 6 mo.

Due to _____

Due to _____

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature James P. Hopas (M. D. or other)
Address Lebanon Mo Date signed 4/28/44

1090

(Licensed Embalmer's Statement on Reverse Side)

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

Received
Laclede County Health Unit
File No. 5-44-63
Date Filed 6/21/44

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

working under my personal supervision.

Signed Allyn DeCherage
Licensed Embalmer No. 4333
P. O. Address Libanon 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.