

S. No. 2  
M-2-43  
5-17-39  
-1 X3587

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4364

State File No. ....

FILED **JES** 7 1946

Primary Registration District No. **4526**

Registrar's No. **101**

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Sheldon

(c) Name of hospital or institution Sheldon Mo.

(d) Length of stay: In hospital or institution 45 years

In this community 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon

(c) City or town Sheldon

(d) Street No. 0

(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME FANNIE MILDRED STILES

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex F / 5. Color or race W

6. (b) Name of husband or wife Frank Stiles 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan (Month) 19 (Day) - 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>11</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Barton Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Oliver Hutton (City, town, or county) Mo. (State or foreign country)

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name Anna Burnett (City, town, or county) Ohio (State or foreign country)

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Mr. Frank Stiles (b) Address Sheldon Mo.

17. (a) Burial (b) Date thereof Jan 13, 1946

(c) Place: burial or cremation Sheldon Cemetery

18. (a) Signature of funeral director A. B. Beery & Sons (b) Address Sheldon Mo.

19. (a) Jan 16, 1946 (b) Ruth Faith

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12 year 1946 hour 1 minute 40 A.

21. I hereby certify that I attended the deceased from June 1 1945 to Jan. 12 1946

that I last saw her alive on Jan. 10 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Epileptomania

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Metastasis in brain

Major findings: Of operations \_\_\_\_\_

Of autopsy 5/11

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature D. J. Guldner (M. D. or other) \_\_\_\_\_

Address Sheldon Mo. Date signed 1/12/46

Duration

1 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3432

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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 embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Gerald L. Beeny

Licensed Embalmer No. 4203

P. O. Address Sheldon, 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.**