

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 405

Registrar's No. 21

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 21		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY 6 allaway		c. LENGTH OF STAY (in this place) 15 days		a. STATE Mo.		b. COUNTY Rolla		
b. CITY (If outside corporate limits, write RURAL and give township) Fullon		d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 1		c. CITY (If outside corporate limits, write RURAL and give township) Perry		d. STREET ADDRESS (If rural, give location) Box 275		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX		
a. (First) MARTHA	b. (Middle) THOMAS	c. (Last) FANNING	Date 1	Month 16	Year 1950	F. /	W.	
6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 6-29-1856		9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Joseph Rouse		13b. MOTHER'S MAIDEN NAME Hazel Herrington		14. NAME OF HUSBAND OR WIFE D.K.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Hospital Records, Fullon 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				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) I. Inanition.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Dementia.						
		DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						30X		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 1-1-50, 19____, to 1-16, 1950, that I last saw the deceased alive on 1-15-50, 19____, and that death occurred at 2:40 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Dr. P. Rouse M.D. by R. Freytag, D.D. Fullon Mo.				23b. ADDRESS Fullon Mo.		23c. DATE SIGNED 1-16-50.		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/18/1950		24c. NAME OF CEMETERY OR CREMATORY Lieber Creek Cemetery Perry Mo.		24d. LOCATION (City, town, or county) (State) Perry Mo.		
DATE REC'D BY LOCAL REG. Jan 23-1950		REGISTRAR'S SIGNATURE Martha Lawrence 426		25. FUNERAL DIRECTOR'S SIGNATURE Olyde C. Wilkey Perry Mo.		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
JAN 30 1950  
District Health Officer No. 9,  
District File Number.....

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.....  
Student Embalmer

Student Embalmer No.....

Signed.....

*Clyde C. Wilkey*

Licensed Embalmer No. *3820*

P. O. Address *Perry, 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.