

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27249

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1019 Grove St.		d. STREET ADDRESS (If rural, give location) 1019 Grove St.	

3. NAME OF DECEASED (Type or Print) a. (First) OLIVER b. (Middle) LEONARD c. (Last) FANNING			4. DATE OF DEATH (Month) (Day) (Year) Sept 2, 1950			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 5, 1895	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 3 Days 27	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oiler		10b. KIND OF BUSINESS OR INDUSTRY Shell Oil Co		11. BIRTHPLACE (State or foreign country) Denison, Texas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Fanning	13b. MOTHER'S MAIDEN NAME Betty Johnson	14. NAME OF HUSBAND OR WIFE Florence Fennel Fanning
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) WVI None 440-10-0707	17. INFORMANT'S SIGNATURE OR NAME Mrs. O.L. Fanning, 1019 Grove, Carthage	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Occlusion, Coronary artery		INTERVAL BETWEEN ONSET AND DEATH 8 1/2 mo
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none other		
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c)		

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) none	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 Dec 12, 1948, to Sept 2, 1950, that I last saw the deceased alive on Sept 1, 1950, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE George H. Wood M.D.	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 9-2-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sep 4, 1950	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo.
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DATE REC'D BY LOCAL REG. 9-4-50	REGISTRAR'S SIGNATURE J.B. Clontary No. 139	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-9-50
Jasper County Health Office

County File Number 50-8-647

Date Filed 9-9-50

OCT 19 1950
NOV 9 1950

MISSISSIPPI

SEP 12 1950

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
Student Embalmer

Signed *Frank W. Knell*

Licensed Embalmer No. *4440*

P. O. Address *Carthage*

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.