V.S. No. 300
Rev. 10.48

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29144

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6128 Registrar's No. 78

1010
3

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

1. PLACE OF DEATH
a. COUNTY: Rural Shannon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eminence, Mo
c. LENGTH OF STAY (in this place): 57 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Roy S. Fansler

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shannon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eminence, Mo 1010
d. STREET ADDRESS (If rural, give location): Rural 0

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle): S
c. (Last): Fansler

4. DATE OF DEATH (Month) (Day) (Year): Aug 7- 1950

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: March 14 1893
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Shannon County, Mo 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Fansler
13b. MOTHER'S MAIDEN NAME: Anna Sears
14. NAME OF HUSBAND OR WIFE: Rosa Fansler

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.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ruth Akers St Louis 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Wound, — INTERVAL BETWEEN ONSET AND DEATH: Immeiate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Murder
DUE TO (c) Murder — E 981 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Murder — None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ X NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Murder
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Eminence, Shannon Co, Mo,
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 - 7 - 9:30 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Murder

22: *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 3 acting Corronor Probate Judge/
23b. ADDRESS: Eminence, Missouri,
23c. DATE SIGNED: 8/15/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Aug 11 -50
24c. NAME OF CEMETERY OR CREMATORY: Tripp Cem
24d. LOCATION (City, town, or county) (State): Eminence, Mo

DATE REC'D BY LOCAL REG.: 8/18/50
REGISTRAR'S SIGNATURE: [signature] 306
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Duncan Funeral Home Mtn View, Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 16 1950

RECEIVED
AUG 19 1950
DISTRICT HEALTH OFFICE No. 6

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.

Student Embalmer No.....

Signed John F. Duncan

Signed.....
Student Embalmer

Licensed Embalmer No. 2512

P. O. Address New Haven 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.