

FILED OCT 25 1950

STANDARD CERTIFICATE OF DEATH

State File No. 33910

490
1

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

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 55-86 Registrar's No. 772

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 township) OR TOWN rural - Marion Twnshp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural - marion Township 0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1, Carthage		d. STREET ADDRESS (If rural, give location) Route 1, Carthage	
3. NAME OF DECEASED (Type or Print) a. (First) DAVID		b. (Middle) SHERMAN	
c. (Last) FANSLER		4. DATE OF DEATH (Month) (Day) (Year) October 15, 1950	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 20, 1876
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 5 Days 25	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. quarryman		10b. KIND OF BUSINESS OR INDUSTRY Carthage Marble Corp. Lacelde Co., Mo.	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ABRAHAM Fansler		13b. MOTHER'S MAIDEN NAME CHRISTINA Good	
14. NAME OF HUSBAND OR WIFE Daisy Judson Fansler		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. 490-10-1534		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Virgil Fansler, Rte 1, Carthage, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Bright's DUE TO (c) Prostate Enlarged. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION Sept 15 1950		19b. MAJOR FINDINGS OF OPERATION Chronic Prostate enlarged	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		610X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Carthage	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carthage Jasper Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
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 _____, 19____, to Oct 15, 1950 (that I last saw the deceased alive on Oct 12, 1950 and that death occurred at 4 a.m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title) MD		23b. ADDRESS Carthage, Mo.	
23c. DATE SIGNED 10-16-50		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 10-18-50		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	
24d. LOCATION (City, town, or county) (State) Carthage, Mo		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Knell Mortuary, Carthage, Mo	
DATE REC'D BY LOCAL REG. 10-17-50		REGISTRAR'S SIGNATURE [Signature]	

RECEIVED 10-24-50

Jasper County Health Office

County File Number 50-10-771

Date Filed 10-24-50

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 _____

Thomas C. Rookwood

Student Embalmer No. 383

working under my personal supervision.

Student Thomas C. Rookwood
Student Embalmer

Signed

Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.