S. No. 300
v. 10-48

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DEC 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36919

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4188 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McFall, Missouri
c. LENGTH OF STAY (in this place) 27 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) --

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McFall, Missouri 0380
d. STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED (Type or Print)
a. (First) JOSEPH b. (Middle) HOWARD c. (Last) FANNING

4. DATE OF DEATH (Month) (Day) (Year) Nov 21, 1951

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH June 27, 1883
9. AGE (In years last birthday) 68 — 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) Harrison County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William H. Fanning
13b. MOTHER'S MAIDEN NAME Lucinda Sluss
14. NAME OF HUSBAND OR WIFE Eva Elvira Fanning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. 493-14-5637
17. INFORMANT'S SIGNATURE OR NAME Eva Elvira Fanning, McFall, Mo. ADDRESS

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) hypertension — 8 hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* on 11-21-51, 19___, *to* _____, 19___, *that I last saw the deceased alive on* 11-21-51, 19___, *and that death occurred at* 4:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE John B. Parker (Degree or title) MD
23b. ADDRESS Pattonsburg Mo
23c. DATE SIGNED 11-21-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11/24/51
24c. NAME OF CEMETERY OR CREMATORY McFall Cemetery
24d. LOCATION (City, town, or county) (State) McFall, Missouri

DATE REC'D BY LOCAL REG. Nov 26-51
REGISTRAR'S SIGNATURE Maude Williams 462
25. FUNERAL DIRECTOR'S SIGNATURE [signature] ADDRESS Pattonsburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 3 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Louis Guest

Licensed Embalmer No. 4096

P. O. Address Pattonsburg, 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.