

RECEIVED JUN-3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17394

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5877 Registrar's No. 17

0750
1

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

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alton rural Piney		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alton rural Piney	
c. LENGTH OF STAY (in this place) 52yrs.		d. STREET ADDRESS (If rural, give location) Alton rural 0750	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Alton rural			

3. NAME OF DECEASED (Type or Print) LYNN FANNING			4. DATE OF DEATH (Month) (Day) (Year) March 27, 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 15, 1880	9. AGE (In years) (Months) (Days) (Under 1 year) 71 9 12	
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 (City and State or Foreign Country) Tarkio, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Asa Fanning		13b. MOTHER'S MAIDEN NAME Elle Lyons	
14. NAME OF HUSBAND OR WIFE Maude Lance Fanning		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. 490-14-0276	
17. INFORMANT'S SIGNATURE OR NAME Guy Fanning		ADDRESS Alton, Missouri			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Ischemic Heart Disease</i>		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) <i>Hypertension of heart disease</i>		
		DUE TO (c) <i>Arteriosclerosis</i>		
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 *March 19, 1952*, to *March 19, 1952*, that I last saw the deceased alive on *March 19, 1952*, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>G W Cooper MD</i> (Degree or title)		23b. ADDRESS <i>Thayer Ave</i>		23c. DATE SIGNED <i>4-10-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/28/52	24c. NAME OF CEMETERY OR CREMATORY <i>Lantz Cemetery</i>	24d. LOCATION (City, town, or county) (State) Alton Oregon Mo.	

DATE RECD BY LOCAL REG. 5/31/52	REGISTRAR'S SIGNATURE <i>M W C Johnson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Silvestre Carter</i>	ADDRESS <i>Thayer Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

7001 27 1901

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
Student Embalmer

Signed Glenn Carter
Student Embalmer No. _____

Licensed Embalmer No. 4516

P. O. Address Shawnee 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.