

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31430

State File No.

FILED OCT 14 1952

BIRTH NO.		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>86</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette, Mo.</u> c. LENGTH OF STAY (In this place) <u>2 weeks</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u> d. STREET ADDRESS (If rural, give location) <u>108 S. Church</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Edward</u> c. (Last) <u>Annin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4, 1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1/5/1876</u>		9. AGE (In years last birthday) <u>76</u> If under 1 year: Months <u>8</u> Days <u>29</u> If under 1 hrs. Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (State or foreign country) <u>Oakland Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>David Henry Annin</u>	
13b. MOTHER'S MAIDEN NAME <u>Heneretta Ramsey</u>		13c. NAME OF HUSBAND OR WIFE <u>Dora DuVall</u>		14. NAME OF HUSBAND OR WIFE <u>Dora DuVall</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>494-20-7699</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs R.B. Dodson</u>		17. ADDRESS <u>Fayette, Missouri</u>		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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u></u>		22. I hereby certify that I attended the deceased from <u>June 8, 1952</u> , to <u>Oct 4, 1952</u> , that I last saw the deceased alive on <u>Oct 4, 1952</u> , and that death occurred at <u>8:20 p.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>M. J. Shaw</u>		23b. ADDRESS <u>M.D. - Fayette, Mo.</u>	
23c. DATE SIGNED <u>10-8-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/6/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u>		25. ADDRESS <u>Fayette, Mo.</u>		DATE REC'D BY LOCAL REG. <u>10-8-52</u>	
REGISTRAR'S SIGNATURE <u>Mary K. Shelton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u>		25. ADDRESS <u>Fayette, Mo.</u>		DATE REC'D BY LOCAL REG. <u>10-8-52</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 22 1952

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

Student Embalmer No.

Signed

Ralph A. Carr

Licensed Embalmer No. *3340*

P. O. Address *Gayette 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.