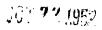
. No. 300	EDOCT 14 1	95>	STA	NDARD CERTI	ICATE OF DE	ATH	State File No	31430	
. 10.48	BIRTH NO.		REG. D	IST. NO. 140	PRIMARY REG. DIST	. <sub>но.</sub> Зс	24 Registrar's No	86	
	I PLACE OF DEA	TH			1 2 USUAL RESI	DENCE (V	Where decessed lived. If in	etitution: residence before	
اکی ا	a. COUNTY Howard			a. STATE Missouri b. COUNTY Howard admission).					
(1 ° 4	b. CITY (If outside corporate limits, write RURAL and give c. LENGTH OF OR township) STAY (in this place)				C. CITY (If outside corporate limits, write RURAL and give township) OR				
Ď	Town Fayette, Mo. 2 weeks			TOWN F	ayette		1145		
RECORD	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lee Hospital				d. STREET (If rural, give location) ADDRESS 108 S. Church				
E	3. NAME OF DECEASED	a. (First)		b. (Middle)	c. (Last)		4. DATE (Month)	(Day) (Year)	
	(Type or Print)	Charles		Edward	Annin		OF DEATH Oct.	4. 1952	
PERMANENT	5, SEX 6.	color or race	7. MARR	IED, NEVER MARRIED, VED, DIVORCED (Specify) QOWEQ 7	8. DATE OF BIRTH 1/5/1876		9. AGE (In years if UNDE last birthday) Months		
₫		· · · · · · · · · · · · · · · · · · ·							
ERA	10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR IN- DUSTRY		11. BIRTHPLACE (State or foreign country) Oakland Illinois			U.S. A.	
3	13a. FATHER'S NAME			36. MOTHER'S MAIDE	NAME	14. NA	RE OF HUSBAND-OR WI	FE	
∢	David Henr	v Annin		Heneretta	Ramsey	Dor	a DuVall		
MARE	15. WAS DECEASED EVE	R IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY	17. INFORMANT	'S SIGN	ATURE OR NAME	ADDRESS	
	(Yes. no, or unknown) (If	yes, give war or dates	of service)	494-20-7699	Mrs R.B.	Dodso	n Fayette	. Missouri	
7	18. CAUSE OF DEATH				CERTIFICATION		/ ‹	I INTERVAL BETWEEN	
INK-	Enter only one cause per line for (a), (b), and (c)	CONDITION DING TO DE	ATH*(a) Chri	in coron	ry d	isian	ONSET AND DEATH		
		ANTECEDENT C	ALISES	11 11				4	
CK									
. 4	as heart fallure, asthenia, rise to the above cause (a) slating the underlying cause last.								
II -									
ي	tion which caused death. 11. OTHER SIGNIFICANT CONDITIONS								
UNFADING		Conditions contributing to the death but not related to the disease or condition causing death.							
. [종	19a DATE OF OPERA-	19b. MAJOR FINDINGS OF OPERATION			at an interest to the second			20. AUTOPSY?	
2	19a. DATE OF OPERA- 19b. MAJOR FIN		•		4201		4-201	YES NO	
1	21. ACCIDENT	(Specify)	215 PLACE	OFINJURY (e.g., in or about	21c. (CITY, TOWN, O	R TOWNSHII	P) (COUNTY)	(STATE)	
USING	21a. ACCIDENT SUICIDE HOMICIDE	(Specif)	home, farm,	actory, street, office bldg., etc.)		_	i v Transi		
S D	21d. TIME . (Month)	(Day) (Year)		te. INJURY OCCURRED	21f. HOW DID INJUR	RY OCCUR?			
- Ī	OF INJURY		· m.   4	WHILE AT WORK ATWORK					
PLAINLY.	22. I hereby copylify that I attended the deceased from June 197, to Cel 4, 1952, that I last saw the deceased								
AI	alive on UN 4 1952, and that death occurred at 22 m., from the causes and on the date stated above.								
PL	23a. SIGNATURE	h., (3)		(Degree or title)	23b. ADDRESS	THE	his	A V	
		1W-7-1	Than	Wh()_1	al TOW	ww.	· /wo	1/0-8-3	
WRITE	24a. BURIAL CREMA- 24b. DAYE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)  TION, REMOVAL (Specify) 10/6/1952 City Cemetery Fayette, Missouri							mty) (State) SOUTI	
₽		DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE ADDRESS  25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  ADDRESS  ADDRESS  ADDRESS							
	10-823	1 U Vjar	4/1	Millia	1/ jaipa)	<u> </u>	11/1 - 23 000		
,		•		(Licensed Embalmer's	Statement fon Reverse S	ade)			



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorde	ed on the reverse side of this certificate was embalmed by me, early
	Student Embalmer No.
working under my personal supervision.	
	Soloh / Card

Licensed Embalmer No. 3340

P. O. Address Sugette 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.)

Student Embalmer

If this body is not embalmed, fact should be so stated above.