

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5889**  
**480**

FEB 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kansas City</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>56 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>408 E 9th 3/3 8/2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital # 1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>(Bill) William</b> b. (Middle) <b>M.</b> c. (Last) <b>Fanning</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 24 53</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	
8. DATE OF BIRTH <b>Sept. 17, 1896</b>		9. AGE (In years last birthday) <b>56</b>		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) <b>Typewriter Mechanic</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Thomas Fanning</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Amy Fanning</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. W. #1</b>		16. SOCIAL SECURITY NO. <b>486-05-5500</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary LaHue, 425 Stark Ave., K.C., Mo.</b>	
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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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p align="center">1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis of liver with severe super-imposed fatty metamorphosis; esophageal-gastric ulceration and extensive GI hemorrhage.</b></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>Alcoholism</b></p> <p>DUE TO (c) <b>Alcoholism</b></p> <p>2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>			INTERVAL BETWEEN ONSET AND DEATH  <b>5811</b>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) (Min.)			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 Jan. 23, 1953, to Jan. 24, 1953, that I last saw the deceased alive on Jan. 24, 1953, and that death occurred at 1:20p m., from the causes and on the date stated above.

23a. SIGNATURE <b>B. I. Burns M.D.</b> (Degree or title)		23b. ADDRESS <b>24th &amp; Cherry Sts.</b>		23c. DATE SIGNED <b>1/26/53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1/27/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Leavenworth, Kansas</b>	

DATE REC'D BY LOCAL REG. <b>1-26-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Earl &amp; Sons, 4139 Truman Rd., Mo. K.C.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 18 1968

**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 \_\_\_\_\_

Licensed Embalmer No. 996-55

P. O. Address H. C. [unclear]

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.