

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9123

State File No.

FILED APR 8 1953

BIRTH NO. _____ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 4106 Registrar's No. 11

200
4

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

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jerico Springs</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montevallo, Mo.</u>	<u>1080</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Potts Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ETHEL</u> b. (Middle) <u>FANNING</u> c. (Last) <u>FANNING</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 13 53</u>
--	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 7 1879</u>	9. AGE (In years last birthday) <u>73</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>		

13a. FATHER'S NAME <u>Samuel Hiestand</u>	13b. MOTHER'S MAIDEN NAME <u>India Ann Jackson</u>	14. NAME OF HUSBAND OR WIFE <u>Elmer Fanning</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>George Hiestand</u> ADDRESS <u>Milo Mo.</u>
--	-------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>6 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis -</u> 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 <u>592x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 3-1-1953 to 3-13-1953, that I last saw the deceased alive on 3/13, 1953, and that death occurred at 6:15 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. Bannister MD</u>	23b. ADDRESS <u>Sheldon Mo</u>	23c. DATE SIGNED <u>3-14-53</u>
---	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 15</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Olive Branch</u>	24d. LOCATION (City, town, or county) (State) <u>Vernon Co. Mo.</u>
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. <u>3-21-53</u>	REGISTRAR'S SIGNATURE <u>Norma Tommerman</u> <u>477-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sheldon</u> ADDRESS
---	---	---

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 L. Gerald Deemy

Licensed Embalmer No. 4208

P. O. Address Sheldon 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.