

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13310

FILED APR. 20 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 451

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE Missouri c. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1019 Atchison Street		d. STREET ADDRESS (If rural, give location) 1019 Atchison Street	

3. NAME OF DECEASED (Type or Print) a. (First) LOY b. (Middle) ELLIOTT c. (Last) FANNING			4. DATE OF DEATH (Month) (Day) (Year) April 11/1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 27/1912	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker		10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (City and State or Foreign Country) Hugo, Colorado	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Harvey Fanning		13b. MOTHER'S MAIDEN NAME Beulah Howard		14. NAME OF HUSBAND OR WIFE Virginia Fanning	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 488-14-2702		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virginia Fanning, St. Joseph, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1 day
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 4201			
		DUE TO (c) Man died suddenly at his home, without a history of recent serious illness or disability.			
		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 on 4/11, 1953, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy, M.D., (Degree or title) Coroner		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 4/11/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 15/53		24c. NAME OF CEMETERY OR CREMATORY Luddy Cemetery	
				24d. LOCATION (City, town, or county) (State) ratonsburg Mo.	

DATE REC'D BY LOCAL REG. April 18, 1953		REGISTRAR'S SIGNATURE Katherine M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Victor J. Brady - St. Joseph, Mo.	
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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

Victor J. Barry

Licensed Embalmer No. *14212*

P. O. Address *St. Joseph 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.