

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3807

State File No. \_\_\_\_\_

FILED JAN 18 1954

BIRTH NO. _____		REG. DIST. NO. <u>372</u>		PRIMARY REG. DIST. NO. <u>4543</u>		Registrar's No. <u>2</u>		
1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u> <u>1120</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>					
b. CITY OR TOWN <u>Seymour Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>SEYMOUR</u> <u>1120</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>MO</u>					
3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u>			a. (First)		b. (Middle) <u>F</u>		c. (Last) <u>FANN</u>	
4. DATE OF DEATH		(Month) <u>1-8</u>		(Day) <u>1954</u>		(Year)		
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>5-23-1873</u>		
9. AGE (In years, Months, Days)		<u>80</u>		IF UNDER 1 YEAR		IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of life, if even irregular)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY		
<u>ASKING</u>		<u>RETIRED</u>		<u>TENN</u>		<u>USA</u>		
13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>HATTIE MAE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert Fann</u> ADDRESS <u>Seymour Mo</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infection, Dehydration &amp; Sepsis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tuberculous Extentia</u> DUE TO (c) <u>Primary Pulmonary Tuberculosis?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>3 da.</u>	
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)		<u>002 X</u>		
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 <u>Jan-8, 1953</u> , to <u>Jan 8, 1954</u> , that I last saw the deceased alive on <u>Jan-7, 1954</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. R. Kille</u> (Degree or title) <u>A.O.</u>				23b. ADDRESS <u>Seymour</u>		23c. DATE SIGNED <u>1-8-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-10-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEWTON</u>		24d. LOCATION (City, town, or county) (State) <u>WRIGHT CO MO</u>		
DATE REC'D BY LOCAL REG. <u>1-13-54</u>		REGISTRAR'S SIGNATURE <u>Gilbert Jones</u>		343		FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Bergman</u> ADDRESS <u>Seymour Mo</u>		

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

(Licensed Embalmer's Statement on Reverse Side)

**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 Don L. Ferrell

Licensed Embalmer No. 4847

P. O. Address Mansfield, 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.