

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26307

FILED SEP 7 1954

State File No. _____
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 952

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
c. LENGTH OF STAY (in this place) 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo
d. STREET ADDRESS (If rural, give location) 2413 Sylvania Street

3. NAME OF DECEASED (Type or Print)
a. (First) BERT b. (Middle) LESLIE c. (Last) FANNING

4. DATE OF DEATH (Month) (Day) (Year)
Aug. 28 1954

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH
April 19, 1892

9. AGE (In years last birthday) 62 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)
Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY
Lumber Yard

11. BIRTHPLACE (State or foreign country)
Near Barnard Missouri

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
John D. Fanning

13b. MOTHER'S MAIDEN NAME
Martha Ellen Stonehooker

14. NAME OF HUSBAND OR WIFE
Mattie Fanning (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
487-14-7440

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. G.W. Griffith Maryville, Mo.

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) Cerebral Hemorrhage (sub-arachnoid)
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular disease
DUE TO (c) none
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

INTERVAL BETWEEN ONSET AND DEATH
6 hours

19a. DATE OF OPERATION
-

19b. MAJOR FINDINGS OF OPERATION
none (autopsy confirmed clinical diagnosis)

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 28, 1954, to Aug. 28, 1954, that I last saw the deceased alive on Aug. 28, 1954, and that death occurred at 6:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Thompson P. Potter, M.D.

23b. ADDRESS
731 Faxon St. St. Joseph, Mo.

23c. DATE SIGNED
8-30-54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
Aug. 31, 1954

24c. NAME OF CEMETERY OR CREMATORY
Fillmore Cemetery

24d. LOCATION (City, town, or county) (State)
Fillmore Missouri

DATE REC'D BY LOCAL REG. Sept 2, 1954 REGISTRAR'S SIGNATURE Kathleen M. Allison

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Stamery Funeral Home St Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. *4677*

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.