

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30456**

BIRTH NO. _____		REG. DIST. NO. <u>143</u>		PRIMARY REG. DIST. NO. <u>4232</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willow Springs,		c. LENGTH OF STAY (in this place) 6 Wks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willow Springs,		d. STREET ADDRESS (If rural, give location) 646th	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dale Rest Home				d. STREET ADDRESS (If rural, give location) 646th			
3. NAME OF DECEASED (Type or Print) Fannie Belle		a. (First)		b. (Middle)		c. (Last) WALKER	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 26, 1876	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 0 Days 15		IF UNDER 2 HRS. Hours 0 Min. 15		4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1954	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Dayton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jacob Coles		13b. MOTHER'S MAIDEN NAME Emille		14. NAME OF HUSBAND OR WIFE ---			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y. no. or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Walker, Willow Springs, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) --- II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ---				INTERVAL BETWEEN ONSET AND DEATH 24 hrs 3 yrs	
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) 4222		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>July 15, 1954</u> to <u>9-6-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-6-54</u> , 19 <u>54</u> and that death occurred at <u>6:15P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE Paul A. Davis, M.D.				23b. ADDRESS Willow Springs, Mo.		23c. DATE SIGNED 9-7-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-8-54		24c. NAME OF CEMETERY OR CREMATORY Dayton Cemetery		24d. LOCATION (City, town, or county) (State) Dayton, Missouri	
DATE REC'D BY LOCAL REG. 9/18/54		REGISTRAR'S SIGNATURE Maribelle Ballard 387-6		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Burns Funeral Home, Willow Springs, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

1951
JAN 1 1951

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 
Thomas R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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.