

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

33880

State File No.

4959

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 35 yrs.	c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 3425 Wayne			STREET ADDRESS (If rural, give location) 52- 3425 Wayne		
3. NAME OF DECEASED (Type or Print) ALICE			a. (First)	b. (Middle)	c. (Last) FANNING
4. DATE OF DEATH Oct. 23, 1954		(Month)	(Day)	(Year)	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 3, 1883	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Itan, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Taylor Singleton		13b. MOTHER'S MAIDEN NAME Susan ---		14. NAME OF HUSBAND OR WIFE Herbert L. Fanning	
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herbert L. Fanning, 3425 Wayne, K.C.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.					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			MEDICAL CERTIFICATION		
ANTECEDENT CAUSES			INTERVAL BETWEEN ONSET AND DEATH		
As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			Bronchopneumonia 3 days		
DUE TO (b)			Acute large bowel obstruction 4 days		
DUE TO (c)			Adenocarcinoma of rectum 1 year		
II. OTHER SIGNIFICANT CONDITIONS			1547		
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) m.		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 June 29, 1954 to Oct. 23, 1954 , that I last saw the deceased alive on Oct. 23, 1954 , and that death occurred at 9:15 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Morris Duncan			23b. ADDRESS D.O. Kansas City, Mo.		23c. DATE SIGNED 10-25-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-26-54	24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 10-26-54		REGISTRAR'S SIGNATURE Meva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Morris K. ...
509-11 ...
...
Va. 2610

Exp - 9:50 P.M.

Monday - 9:30 - 10:00

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 _____
Signature of Student Embalmer

Signed Eugene L. ...
Licensed Embalmer No. _____

P. O. Address ... City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.