

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21147

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 819			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell 0130					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 1		c. LENGTH OF STAY (In this place) 1 week		c. CITY OR TOWN Kidder		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 Mo. Metho. Hospital				e. STREET ADDRESS (If rural, give location) none					
3. NAME OF DECEASED (Type or Print) MINNIE W. FANSLER			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH JULY 27, 1955		(Month)		(Day)		(Year)			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH April 10, 1869			
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Indiana 7		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John M. Fansler			13b. MOTHER'S MAIDEN NAME Isabelle Houston			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Georgia Fansler, Cameron, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHO PNEUMONIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 491X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 days	
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 July 19, 1955, to July 27, 1955, that I last saw the deceased alive on July 27, 1955, and that death occurred at 9:05 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) George W. Forman M.D.				23b. ADDRESS 902 Edmond St., St. Joseph, Mo.		23c. DATE SIGNED 7-29-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 29, 1955		24c. NAME OF CEMETERY OR CREMATORY Kidder Cemetery		24d. LOCATION (City, town, or county) (State) Kidder, Mo.			
DATE REC'D BY LOCAL REG. Aug 8, 1955		REGISTRAR'S SIGNATURE Teacher M. Allison 48570		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meierhoffer-Fleeman, Inc., 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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Elbert L. Fanning*

Licensed Embalmer No. *32*

P. O. Address *H. J. ...*

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.