

FILED JUL 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24393

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5756 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Jefferson</u>		c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this case) <u>Extensive</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D. Vichy - Mo 6200</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Family Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>RAINEY</u> b. (Middle) <u>AUGUSTINE</u> c. (Last) <u>FANN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 1 - 1956</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>May 29 - 1893</u>	9. AGE (In years last birthday) <u>63</u>	UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and State or Foreign-Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph FANN</u>	13b. MOTHER'S MAIDEN NAME <u>Leona Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Katie (Carroll) FANN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	16. SOCIAL SECURITY NUMBER (If yes, give war or dates of service) <u>500-16-8538</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ma Katie Fann</u>	ADDRESS <u>Vichy - Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>7 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Vascular Accident</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS 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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Vichy Marion Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-1-56 2:40 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-1, 1956, to 7-1, 1956, that I last saw the deceased alive on 7-1, 1956, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. H. Bland D.O.</u>	23b. ADDRESS <u>Bland Mo</u>	23c. DATE SIGNED <u>7/3/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 3 - 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elm Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marion County - Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-7-56</u>	REGISTRAR'S SIGNATURE <u>Pauline Howard</u>	25. GENERAL DIRECTOR'S SIGNATURE (Address) <u>Stassman's Funeral Service Chester - Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1888

JUL 11 1978

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... *Chester Sasmann* .....

Licensed Embalmer No. *4178*

P. O. Address *Bland - Va* .....

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.