

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36620**
Registrar's No. **35**

REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **5759**

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

BIRTH NO. _____		REG. DIST. NO. 207		PRIMARY REG. DIST. NO. 5759		Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Maries			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural-Spring Creek)		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Rural-Spring Creek		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles West of Vichy				STREET ADDRESS (If rural, give location) 2 miles West of Vichy 0630			
3. NAME OF DECEASED (Type or Print) a. (First) WALTER		b. (Middle) ARCHIBALD		c. (Last) FANNON		4. DATE OF DEATH (Month) (Day) (Year) October 25, 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 18, 1893	
9. AGE (In years last birthday) 63		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) Businessman, ret.			10b. KIND OF BUSINESS OR INDUSTRY Service Station		11. BIRTHPLACE (City and State or Foreign Country) Vichy, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Fannon			13b. MOTHER'S MAIDEN NAME Martha Eddleman		14. NAME OF HUSBAND OR WIFE Ethel		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 498-18-1313		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Fannon		ADDRESS Vichy, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 2 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) 331X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 6-25-57			
22. I hereby certify that I attended the deceased from 7-15-57 7-15-57 , 10-17-57 10-25, 1957 , that I last saw the deceased alive on 7-15-57 , 1957, and that death occurred at 6 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE E. E. Fannin md				23b. ADDRESS Rolla mo.		23c. DATE SIGNED 10-28-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 28, 1957		24c. NAME OF CEMETERY OR CREMATORY Macedonia Cemetery		24d. LOCATION (City, town, or county) (State) Phelps County, Missouri	
DATE REC'D BY LOCAL REG. 10-30-57		REGISTRAR'S SIGNATURE Pauline Howard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Null & Sons Funeral Home By Paul E. Null Rolla, Mo.			

NOV 20 1957

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..... *Paul E. Null*

Licensed Embalmer No. *4498*

P. O. Address *Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.