

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012913
State File No.

FILED MAR 17 1958

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>4515</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SULLIVAN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>MILAN.</u>		c. LENGTH OF STAY (in this place) <u>26</u>		c. CITY OR TOWN <u>MILAN.</u>		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				STREET ADDRESS (If rural, give location) <u>1050</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u>		b. (Middle) <u>BELLE</u>		c. (Last) <u>FANNING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 7 - 1958</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>		8. DATE OF BIRTH <u>12-30-1878</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>2</u>		IF UNDER 24 HRS. Days <u>7</u>		10. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	
13a. FATHER'S NAME <u>ANDREW HELMS</u>		13b. MOTHER'S MAIDEN NAME <u>POLLY GREEN</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES FANNING *DECEASED</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ALPHA HOLLON MILAN, MISSOURI</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1st Ventricular Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> 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 <u>30 min</u> <u>3 min</u>	
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) <u>Union Sullivan Mo</u>		21f. HOW DID INJURY OCCUR <u>2</u>	
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"/>					
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>57</u> , to <u>March</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>Jan 2, 1958</u> , and that death occurred at <u>7:20pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph S. Mitchell M.D. Ch. Milan Mo</u>				23b. ADDRESS		23c. DATE SIGNED <u>3/17/58</u>	
24a. FURNAL CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-9-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Oak</u>		24d. LOCATION (City, town, or county) (State) <u>Sullivan Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-10-58</u>		REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoenher</u>		ADDRESS <u>Union, Mo</u>	

Licensed Embalmer's Statement on Reverse Side

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

APR 22 1958

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.....

Licensed Embalmer No.....

P. O. Address.....

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.