

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015324  
STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 292 Primary Registration District No. 5999 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Ralls</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ralls</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Center Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>R.F.D. Center, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R.F.D. Center, Mo.</b>			Length of stay in lb <b>60Yrs</b>		d. STREET ADDRESS (If outside, give location) <b>Center Township</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>AMANDA</b> Middle <b>BEATRICE</b> Last <b>FANNING</b>				4. DATE OF DEATH Month <b>April</b> Day <b>30</b> Year <b>1958</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct 4, 1875</b>		9. AGE (In years last birthday) <b>82</b>		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Monroe Co, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		
13. FATHER'S NAME <b>Henry Street.</b>				14. MOTHER'S MAIDEN NAME <b>Mary Huston</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>U.G.Fanning. Center, Mo.</b>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Myocarditis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Rheumatic endocarditis</b> DUE TO (c) <b>myocardial degeneration</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>414X</b>						
20c. TIME OF INJURY Hour <input type="checkbox"/> a. m. <input type="checkbox"/> p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE						
21. I attended the deceased from <b>Mar. 1 58</b> to <b>April 30</b> and last saw her alive on <b>April 29</b> . Death occurred at <b>10:00 P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Ernest T. Swan D.O.</b>				22b. ADDRESS <b>Perry, Missouri.</b>				22c. DATE SIGNED <b>5-3-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-3-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Plesantgrove Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Ralls Co, Mo.</b>				
24. FUNERAL DIRECTOR <b>Clyde C. Wilkey</b>				ADDRESS <b>Perry, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-3-1958</b>		26. REGISTRAR'S SIGNATURE <b>Clyde C. Wilkey</b>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

0870  
300  
1-56

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... *Clyde C. Wilkey* .....

Licensed Embalmer No. *38*

P. O. Address *Tempe*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.