THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016680
STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1038

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Clayton — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp. — Length of stay in 1b DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Reynolds
c. CITY OR TOWN Lesterville — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS 8 mi N. Lesterville (If outside give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Nolan Middle E. Last Hann

4. DATE OF DEATH Month April Day 14 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH March 9 1908
9. AGE (In years last birthday) 50 — IF UNDER 1 YEAR Months 1 Days 13 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator
10b. KIND OF BUSINESS OR INDUSTRY Factory
11. BIRTHPLACE (City and state or country) Crawford Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Hann
13b. MOTHER'S MAIDEN NAME Edna Scott
14. NAME OF HUSBAND OR WIFE Edna Hann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. unk.
17. INFORMANT Edna Hann Address Rt. 1 Glover Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) unknown natural causes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 7954
INTERVAL BETWEEN ONSET AND DEATH

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 ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Herbert R. Bomke, MD. Local Registrar
22b. ADDRESS 651 S. Brentwood, Clayton, Mo.
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-18-58
23c. NAME OF CEMETERY OR CREMATORY New Diggins Cem.
23d. LOCATION (City, town, or county) (State) Washington Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Mrs. Luther Sparks Palmer Mo
25. DATE RECD. BY LOCAL REG. 4-15-58
26. REGISTRAR'S SIGNATURE Herbert R. Bomke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

APR 24 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 Murphy Lipscomb

Licensed Embalmer No. 4336

P. O. Address Red River Dr

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.

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission.) a. STATE Missouri COUNTY Reynolds c. CITY OR TOWN Lesterville Inside Limits Yes ☐ No ☒ d. STREET ADDRESS (If outside give location) 8 Mi N Lesterville Resides on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Nolan Middle E. Last Fann

4. DATE OF DEATH Month April Day 14 Year 1958

5. SEX Male 6. COLOR OR RACE White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH March 9 1908 9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months 7 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator 10b. KIND OF BUSINESS OR INDUSTRY Factory 11. BIRTHPLACE (City and state or country) Pogautford Co. Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles H. Fann 13b. MOTHER'S MAIDEN NAME Edna Scott 14. NAME OF HUSBAND OR WIFE Edna Fann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. unk. 17. INFORMANT Address Edna Fann Rt. 1 Glover Mo.

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22a. SIGNATURE (Name and title) for O Herbert R. Bomke, M.D. Local Registrar 22b. ADDRESS 651 S. Brentwood, Clayton, Mo. 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7/27/90 (Re-interment) 23c. NAME OF CEMETERY OR CREMATORY Hopewell ~~Hillcrest Memorial Gdns.~~ 23d. LOCATION (City, town, or county) (State) Washington Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Wm. Luther Sparks Potosi Mo 25. DATE RECD. BY LOCAL REG. 4-15-58 26. REGISTRAR'S SIGNATURE Herbert R. Bomke M.D.

(Licensed Embalmer's Statement on Reverse Side)

Items #23b, c amended by affidavit of funeral home 8-7-90