

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035596
STATE FILE NUMBER 1142

FILED NOV 3 1958 Registration District No. 42 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twnshp.		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hope Church Road		Length of stay in lb Life	
3. NAME OF DECEASED (Type or print) Carrie Fankhauser		4. DATE OF DEATH Month Day Year Oct. 22, 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 2, 1885
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Buchanan Co., Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jacob Stuber		13b. MOTHER'S MAIDEN NAME Sarah Ozenberger	14. NAME OF HUSBAND OR WIFE Alfred L. Fankhauser
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. none	17. INFORMANT Address Emmett Fankhauser, St. Joseph, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable coronary thrombosis DUE TO (b) A/S Heart disease DUE TO (c) Hypertensive vascular disease & arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH 2-3 days several years
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 1954 , to _____ and last saw her/him alive on 11-6-57 Death occurred at About 4:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Lucien W. Ide		22b. ADDRESS 902 Edward St. Joseph, Mo	
22c. DATE SIGNED 10 24 58		23. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Oct. 24, 1958	
23c. LOCATION (City, town, or county) COSBY, Missouri		23d. (State)	
24. FUNERAL DIRECTOR Menschaff - Ferguson		25. DATE RECD. BY LOCAL REG. Oct. 29 1958	
24. FUNERAL DIRECTOR ADDRESS St. Joseph, Mo.		26. REGISTRAR'S SIGNATURE Wm. Clark Goodell	

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Ide
Chinn

Dr. Lucien W. Ide

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 *Robert C. Harrington*

Licensed Embalmer No. 3258

P. O. Address ... St. ... Joseph, 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.