THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014462
STATE FILE NUMBER

FILED MAY 5 1959 Registration District No. 292 Primary Registration District No. _____ Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Ralls.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perry, Missouri. Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry, Mo. Length of stay in 1b 2Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ralls.
c. CITY OR TOWN Perry, Mo. 0870 Inside Limits Yes X No ☐
d. STREET ADDRESS Perry, Mo. (If outside, give location) Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First JOHN Middle F. Last FANNING.
4. DATE OF DEATH Month April Day 26 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH March 10, 1881
9. AGE (In years last birthday) 78 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) Farmer.
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Ralls Co, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Fanning.
14. MOTHER'S MAIDEN NAME Sarah Haynes.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Minnie M. Fanning. Address Perry, 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) Cancer of Prostate — INTERVAL BETWEEN ONSET AND DEATH 5 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocarditis
DUE TO (c) Cancer of Prostate — 5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 177X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

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 Jan. 1 59, to 4-26-59 and last saw him alive on 4-26-59
Death occurred at 7:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ernest T. Swan (Degree or title) D.O. 2
22b. ADDRESS Perry, Missouri.
22c. DATE SIGNED 4-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-29-59
23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery.
23d. LOCATION (City, town, or county) (State) Perry, Missouri.
24. FUNERAL DIRECTOR Clyde C. Wiley ADDRESS Perry, Mo.
25. DATE RECD. BY LOCAL REG. 4-29-59
26. REGISTRAR'S SIGNATURE Clyde C. Wiley

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Clyde C. [illegible]

Licensed Embalmer No...38

P. O. Address ....Perry, M

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