

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022458
STATE FILE NUMBER

FILED JUN 17 1959

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 73

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waynesville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Crocker</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Waynesville Gen Hosp</u>		Length of stay in 1b <u>68 5 0</u>	d. STREET ADDRESS (If outside, give location) <u>none</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ivy - Fancher</u>			4. DATE OF DEATH Month Day Year <u>June 6 1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 8 1891</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oilfield Worker</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Commercial</u>	9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oilfield Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Commercial</u>	11. BIRTHPLACE (City and state or country) <u>Iberia Missouri</u>
13a. FATHER'S NAME <u>Thomas Hamilton Fancher</u>		13b. MOTHER'S MAIDEN NAME <u>Rainey Bond</u>	14. NAME OF HUSBAND OR WIFE <u>Assineth Jones</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1908 to 1911</u>		16. SOCIAL SECURITY NO. <u>494 22 3867</u>	17. INFORMANT Address <u>Assineth Fancher Crocker Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>48 Hours</u>
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>June 4, 1959</u> to <u>June 6, 1959</u> and last saw him alive on <u>June 6, 1959</u> Death occurred at <u>7:40 A.M.</u> of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R.P. Stewart DO 2</u>		22b. ADDRESS <u>Waynesville, Missouri</u>	
22c. DATE SIGNED <u>6/7/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 8 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Livingston Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Iberia, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>HEDGES FUNERAL HOMES INC CROCKER MO 6-8-59</u>		25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE <u>Eula Grace Anderson</u>	

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

452-6

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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 Clarence Amos

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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.