

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019808

FILED VS MAY 18 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 240

STATE FILE NUMBER

| | | | | | |
|---|--|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY JASPER | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JASPER | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN | | Length of stay in 1b LIFE | c. CITY OR TOWN JOPLIN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSPITAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1002 MCKINLEY AVE. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First TERRI Middle LYNN Last FANNING | | | 4. DATE OF DEATH Month MAY Day 8 Year 1960 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11-7-57 | 9. AGE (last birthday) 2 | IF UNDER 1 YEAR Months 6 Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD | | 10b. KIND OF BUSINESS OR INDUSTRY CHILD | 11. BIRTHPLACE (City and state or country) JOPLIN, MO. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME ALVA L. FANNING | | 13b. MOTHER'S MAIDEN NAME JOYCE CASE | | 14. NAME OF HUSBAND OR WIFE --- | |
| 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 ALVA L. FANNING, 1002 MCKINLEY AVE. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Meningitis Acute | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 day |
| 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) | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 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.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. | | Month, Day, Year | | | |
| 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 11-7-57 to 5/8/60 and last saw her/him alive on 5/10/60 Death occurred at 6:50 P m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE J. Blowers MD (Degree or title) | | | 22b. ADDRESS 714 W 32 Joplin | | 22c. DATE SIGNED 5/10/60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 5-11-60 | 23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK, | | 23d. LOCATION (City, town, or county) JOPLIN, MISSOURI (State) |
| 24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, ADDRESS JOPLIN, MO. | | | 25. DATE RECD. BY LOCAL REG. 5-14-60 | 26. REGISTRAR'S SIGNATURE Dorice Merriam | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Shirley B. Bruce

Licensed Embalmer No. 4463

P. O. Address Spplu Md

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.