URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 5 1960

60-029367

STATE FILE NUMBER

Registration District No. 1/82 Primary Registration District No. 4296 Registrar's No. 17

ENDED

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

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

3. NAME OF DECEASED (Type or print) First James Middle L. Last Fanning

4. DATE OF DEATH Month 7 Day 28 Year 60

5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/7/1904
9. AGE (last birthday) 56
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Oil Company
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James Fanning
13b. MOTHER'S MAIDEN NAME Minnie Belle Helms
14. NAME OF HUSBAND OR WIFE Nilene Fanning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 186127637
17. INFORMANT Nilene Fanning Address Browning, 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) Generalized Carcinomatosis
INTERVAL BETWEEN ONSET AND DEATH 6 Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Primary possibly right lung
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. ☐ Yes ☐ No ☐ Unknown

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 7/20/60, to 7/28/60 and last saw ~~her~~ him alive on 7/28/60
Death occurred at 8:20 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J.R. Mellitz (Degree or title) MD
22b. ADDRESS Browning Mo
22c. DATE SIGNED 7/30/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/31/60
23c. NAME OF CEMETERY OR CREMATORY White Oak Cem
23d. LOCATION (City, town, or county) Browning Rural (State) Mo.

24. FUNERAL DIRECTOR Wade Funeral Home ADDRESS Browning
25. DATE RECD. BY LOCAL REG. Aug 4-1960
26. REGISTRAR'S SIGNATURE Mrs Birdie Kelley

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed

Signature of Student Embalmer

Licensed Embalmer No.

P. O. Address

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