MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-001175
STATE FILE NUMBER

FILED VS JAN 23 1961

AMENDED

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: West Plains
Length of stay in Ib: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Memorial Hospital
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: Edna Middle: Maude Last: Fanning

4. DATE OF DEATH: Month: Jan. Day: 9 Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-13-1890
9. AGE (last birthday): 70
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): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): Tarkio, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Asa W. Fanning
13b. MOTHER'S MAIDEN NAME: Ella Lion
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Clyde Fanning, Address: Alton, Missouri

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) 1st + 2nd degree Burns - 33% of Body — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Arteriosclerosis, Senility, Glandular Abnormality

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Patient was a Dwarf or Midget

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.) Clothing caught fire from stove

20c. TIME OF INJURY: Hour a.m. Month, Day, Year: 1-8-61

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.): Home
20f. CITY, TOWN, OR LOCATION: Alton COUNTY: Oregon STATE: Mo.

21. I attended the deceased from 8 JAN '61, to 9 JAN 61 and last saw her alive on 9 Jan 1961
Death occurred at 7:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): MD
22b. ADDRESS: West Plains, Mo
22c. DATE SIGNED: 16-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-12-61
23c. NAME OF CEMETERY OR CREMATORY: Cave Spring Cemetery
23d. LOCATION (City, town, or county) (State): Alton, Missouri

24. FUNERAL DIRECTOR: Carter Funeral Home, Thayer, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: 1-20-61
26. REGISTRAR'S SIGNATURE: Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

JAN 24 1961

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 Lilian Carter

Licensed Embalmer No. 4516

P. O. Address West Plains, 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.