

124

STATE FILE NUMBER

CERTIFICATE OF DEATH

68 0031692

DO NOT WRITE  
ON THIS STUB

VS 300  
Rev. 1/68

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 616

9. 1  
10a. 80  
10b. 0  
11. 0  
12. 1  
13. 1621  
14. 1  
15. 1  
16. 0  
17. 0  
18. 0  
19. CREDITS  
20. 3-0

4. 0109

5. 3

DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED. IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.

6. 0585

PARENTS

CAUSE

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Bertha May Fanning		Female	September 1, 1968
RACE (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)
White	80	MOS. DAYS	5-10-1888
CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS SPECIFY YES OR NO	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	COUNTY OF DEATH
Columbia	Yes	Ellis Fischel State Cancer Hospital	Boone
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
Missouri	U.S.A.	Married	Ross Fanning
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
541-22-9865	Housewife	None	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
Missouri	Linn	Brookfield	314 N. Monroe St.
FATHER—NAME FIRST MIDDLE LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
John Thompson	Mary Straley		
INFORMANT—NAME	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
Hospital Records	Ellis Fischel State Cancer Hospital-Columbia, Mo.		
PART I. DEATH WAS CAUSED BY:		APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE			
(a) Right pulmonary abscess		unknown	
DUE TO, OR AS A CONSEQUENCE OF:			
(b) Carcinoma of Right Lung		unknown	
DUE TO, OR AS A CONSEQUENCE OF:			
(c)			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) (b) (c)			
Intestinal infarction, probable secondary to mesenteric artery thrombosis			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON
21a. DECEASED FROM	8 30 68	21b. 9 1 68	21c. 9 1 68
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD
22a. CERTIFIER—NAME (TYPE OR PRINT)		22b. SIGNATURE	22c. DATE SIGNED (MONTH, DAY, YEAR)
JOSE M. HORI			9/2/68
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN
23a. ELLIS FISCHEL HOSPITAL		Columbia	Missouri
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN
24a. REMOVAL	24b. BAKER CEMETERY	24c. SULLIVAN COUNTY	Missouri
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24d. 9-2-1968	25a. KENT FUNERAL HOME GREEN CITY, MO	63545	
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25b. Paul Kent	26a. M. R. E. Palmer	26b. Sept 2 1968	

CERTIFIER

BURIAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

SEP 19 1968

**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 J W Phillips  
Licensed Embalmer No. 4897  
P. O. Address Columbia

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.