

FILED MAY 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16372

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DeSoto		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DeSoto	
d. FULL NAME OF HOSPITAL OR INSTITUTION 521 North 9th Street		d. STREET ADDRESS (If rural, give location) 521 North 9th Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Ida	b. (Middle) Frances	c. (Last) Gan	4. DATE OF DEATH (Month) (Day) (Year)
				May 9 1949

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH Sept 22, 1900	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 3 Days 17	IF UNDER 1 WEEK Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.			

13a. FATHER'S NAME Simon Walls	13b. MOTHER'S MAIDEN NAME Addie Pruitt	14. NAME OF HUSBAND OR WIFE Dorse Gan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 497-22-7179	17. INFORMANT'S SIGNATURE OR NAME Betty Earlywine	ADDRESS 5875 Minerva St. L.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*  ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
	DUE TO (a) Empyema left chronic, secondary to pulmonary tuberculosis		3 months
	DUE TO (b) Pulmonary tuberculosis, left		3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Obstructive jaundice, due to gall stone in common duct.	6 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-19-1949, to 5-9-1949, that I last saw the deceased alive on 5-8-1949, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE Thomas A. Donnell (Degree or title) M.D.	23b. ADDRESS DeSoto, Mo.	23c. DATE SIGNED 5-10-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 11, 1949	24c. NAME OF CEMETERY OR CREMATORY DeSoto City Cemetery	24d. LOCATION (City, town, or county) (State) DeSoto Mo.
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DATE REC'D BY LOCAL REG. 5-16-49	REGISTRAR'S SIGNATURE Marie Harris	146	25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS
			Thomas B. DeSoto, DeSoto Mo.

(Licensed Embalmers' Statements on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 9  
District File Number  
Date Filed MAY 20 1949

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.

Signed Donald B. Dietrich

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4104

P. O. Address Delaware, 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 this body is not embalmed, fact should be so stated above.