

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9915

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>6297</u>		Registrar's No. <u>20</u>					
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Evening Shade Rural</u>			c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Evening Shade</u>			<u>0850</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>							
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Andrew</u>	b. (Middle) <u>Franklin</u>		c. (Last) <u>Gan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 29, 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 27, 1866</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George Gan</u>			13b. MOTHER'S MAIDEN NAME <u>Christina</u>			14. NAME OF HUSBAND OR WIFE <u>Christina</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Effie Ogle</u>				ADDRESS <u>Waynesville, Missouri</u>		
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>Senility</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION					19c. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR							
22. I hereby certify that I attended the deceased from <u>April, 1948</u> , to <u>Jan 29, 1950</u> , that I last saw the deceased alive on <u>Jan 28, 1950</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>R. O. Newth D.D.</u> (Doctor or Nurse)				23b. ADDRESS <u>Waynesville, Mo</u>			23c. DATE SIGNED <u>2-3-50</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/31/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friendship Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bloodland, Missouri</u>						
DATE REC'D BY LOCAL REG. <u>3-10-50</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u> <u>389</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter J. Nedges</u>			ADDRESS <u>Iberia, Mo.</u>			

RECEIVED 3/7/50
Pulaski County Health Officer
File Number.....20.....
Date Filed.....3/10/50.....

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
Student Embalmer

Signed Walter P. Nedges

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.