

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34182**

FILED OCT 27 1950

BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **4339** Registrar's No. **48**

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS	
c. LENGTH OF STAY (in this place) 22 YRS		d. STREET ADDRESS (If rural, give location) W. LOCUST ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION W. LOCUST ST			

3. NAME OF DECEASED (Type or Print) a. (First) BENJIMAN b. (Middle) FRANKLIN c. (Last) GANT			4. DATE OF DEATH (Month) (Day) (Year) OCT. 24, 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT 5TH 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 11 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME W. M. PINKNEY GANT		13b. MOTHER'S MAIDEN NAME JULIA DOTY		14. NAME OF HUSBAND OR WIFE LOLA MAUDE GANT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS THOMAS GANT, PARIS, MO	

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* (a) Systolic Hypertension		INTERVAL BETWEEN ONSET AND DEATH 11.75
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Region of spine		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			196X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Paris, Mo.**, 1950, to **OCT 4 1950**, that I last saw the deceased alive on **OCT 4 1950**, and that death occurred at **4:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. M. G. [Signature] M.D.		23b. ADDRESS PARIS, MO.	23c. DATE SIGNED 10-14-50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 15, 1950	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	24d. LOCATION (City, town, or county) (State) PARIS, MO.
DATE REC'D BY LOCAL REG. 10-14-50	REGISTRAR'S SIGNATURE F. A. Barnett	25. FUNERAL DIRECTOR'S SIGNATURE Speed Blakely	ADDRESS PARIS, MO.

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

JUN 29 1958

JUN 1 1961

OCT 27 1950

Date Received: OCT 16 1950
DISTRICT HEALTH OFFICE
District File Number 10-50
Date Filed: OCT 26 1950

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 *E. H. Ogner*

Licensed Embalmer No. 4000

P. O. Address: PARIS, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.