

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3621

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4535 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Washinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mineral Point		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mineral point	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) SaSAM a. (First) b. (Middle) c. (Last) GANIN			4. DATE OF DEATH (Month) (Day) (Year) 1-30-1951
5. SEX male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH 8-13-1894
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) general labor	11. BIRTHPLACE (State or foreign country) Ramallah, Syria
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Ganiam Ganin	
13b. MOTHER'S MAIDEN NAME Elizabeth Syriih		14. NAME OF HUSBAND OR WIFE Mable, Ganin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Mable Ganin.		ADDRESS Mineral Point, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Insufficiency DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4/20/1	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. 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 1-30, 1951, to 1-30, 1951, that I last saw the deceased alive on 1-30, 1951, and that death occurred at 8:45 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. H. Russell		23b. ADDRESS Potosi, Mo.	
23c. DATE SIGNED 2/1/51		23d. DATE	
24a. BURLIAL - CREMATION - REMOVAL (Specify) Burial		24b. DATE 2-2-1951	
24c. NAME OF CEMETERY OR CREMATORY New Masonic Cemetery		24d. LOCATION (City, town, or county) Potosi, MO	
DATE REC'D BY LOCAL REG. 2-3-51		REGISTRAR'S SIGNATURE H. H. Russell	
25. FUNERAL DIRECTOR'S SIGNATURE Eoyer Funeral Home		ADDRESS Potosi, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

FEB 6 1951

WASH. COUNTY HEALTH DEPT.

File No. 286-61

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Mary M. Smith*

Licensed Embalmer No. *4394*

P. O. Address *Sq. 101 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.