

FILED FEB 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5585

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Hegginville</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Hegginville</i>	
c. LENGTH OF STAY (In this place) <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>25 Walnut St</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (not in hospital or institution, give street address or location) <i>25 Walnut St.</i>			

3. NAME OF DECEASED (Type or Print) <i>HENRIETTA GANT</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>January 23, 1952</i>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Nov. 18, 1881</i>	9. AGE (In years last birthday) <i>70</i>	10. MONTHS <i>2</i>	11. DAYS <i>5</i>	12. HOURS <i></i>	13. MIN. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Hegginville Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Russel Brown</i>	13b. MOTHER'S MAIDEN NAME <i>Mollie Workenuff</i>	14. NAME OF HUSBAND OR WIFE <i>Charles Gant</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>Mr. Charles Gant</i>	ADDRESS <i>Hegginville Mo</i>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio Sclerotic Heart Disease</i>		<i>4 years</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Generalized arteriosclerosis</i>		<i>Years -</i>
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>1200</i>	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) (Min.)	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 *March 14, 1950*, to *Jan. 22, 1952*, that I last saw the deceased alive on *Jan 22, 1952*, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. H. Hopper</i>	(Degree or title) <i>MD.</i>	23b. ADDRESS <i>Hegginville Mo</i>	23c. DATE SIGNED <i>Feb 1-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>1-27-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Monasia</i>	24d. LOCATION (City, town, or county) (State) <i>Hegginville Mo.</i>
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DATE REC'D BY LOCAL REG. <i>Feb 11-1952</i>	REGISTRAR'S SIGNATURE <i>Clayton H. Landrum</i>	154-1	25. FUNERAL DIRECTOR'S SIGNATURE <i>Green Funeral Home</i>	ADDRESS <i>Lexington Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 29 1952

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.....

George D. Grant

Signed.....
Student Embalmer

Licensed Embalmer No. *4220*

P. O. Address *Marshall, 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.