

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37913

State File No.

DEC 15 1952

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 380

1. PLACE OF DEATH a. COUNTY <u>Cape GIRARDEAU</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Cape GIRARDEAU</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Wash Twp. Cape Co Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Bhomeyer. Mo. 0160</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>N M N</u> c. (Last) <u>Gangew</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 7. 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>Aug 15-1878</u>		9. AGE (In years last birthday) <u>74</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Near Benton, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>Philip Gangew</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Egan</u>		14. NAME OF HUSBAND OR WIFE <u>Ohvie Rogers Gangew</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NUMBER <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Oliver J. Henkelbein</u>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL FAILURE</u>		DUE TO (b) <u>ARTERIOSCLEROSIS</u>			<u>2 mo.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>COMPLETE HEART BLOCK, PULSES ALTERNANS, HYPSTATIC PNEUMONIA</u>			<u>5 YRS.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>1 WK.</u>

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NONE</u>
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22. I hereby certify that I attended the deceased from APRIL, 1952, to DEC. 7, 1952, that I last saw the deceased alive on Dec 6, 1952, and that death occurred at 2:05 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>H. A. Moulton, D.O.</u>		23b. ADDRESS <u>CHAFFEE, MO.</u>		23c. DATE SIGNED <u>12-8-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 9, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Lawrence Cem</u>		24d. LOCATION (City, town, or county) (State) <u>New Hamburg Mo</u>	
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DATE REC'D BY LOCAL REG. <u>12-8-52</u>	REGISTRAR'S SIGNATURE <u>L. G. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bispinghoff</u>		ADDRESS <u>Funeral Home Chaffee</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Hand
164
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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 _____

Jack J. Burnett

Signed

Student Embalmer

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.