S. No. 200
v. 10.48

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

FILED OCT 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30969

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5045 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Wheaton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Wheaton
d. STREET ADDRESS (If rural, give location): Fairview, Mo. R# 0050 0

3. NAME OF DECEASED (Type or Print)
a. (First): Vergie
b. (Middle): Verila
c. (Last): Ghan

4. DATE OF DEATH (Month) (Day) (Year): Oct. 4 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 25 1902
9. AGE (In years last birthday): 51 — If under 1 year: Months 3, Days 9; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Ezra Cartwright
13b. MOTHER'S MAIDEN NAME: Etta Brown
14. NAME OF HUSBAND OR WIFE: John L. Ghan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: John L. Ghan
ADDRESS: Fairview, Mo. R#

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ulcer of Stomach — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: no operation
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10, 1953, *to* Oct 3, 1953, *that I last saw the deceased alive on* Oct 3, 1953 *and that death occurred at* 5:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lot D. Freeman M.D.
23b. ADDRESS: Purdy Mo
23c. DATE SIGNED: Oct 5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/6/53
24c. NAME OF CEMETERY OR CREMATORY: Muncie Chapel Cem.
24d. LOCATION (City, town, or county) (State): Fairview, Mo. R#

DATE REC'D BY LOCAL REG.: 10-8-1953
REGISTRAR'S SIGNATURE: Grace Williams 10-8
25. FUNERAL DIRECTOR'S SIGNATURE: Wm Marrid Pogue
ADDRESS: Wheaton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 James Kenyth Dunca

Licensed Embalmer No. 4767

P. O. Address Wheaton Ill

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

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