

STANDARD CERTIFICATE OF DEATH

State File No. 38103

FILED OCT 20 1953

BIRTH NO. REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6270 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY WEBSTER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Webster		
b. CITY (If outside corporate limits, write RURAL and give township) CONWAY-Rural		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) Conway		d. STREET ADDRESS (If rural, give location) 1120
d. FULL NAME OF HOSPITAL OR INSTITUTION Union P3			d. STREET ADDRESS (If rural, give location) 1120		
3. NAME OF DECEASED (Type or Print) a. (First) DELLA			b. (Middle)		c. (Last) GANN
4. DATE OF DEATH (Month) (Day) (Year) 6-15 1953		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-2-1884		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 68 6 13	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank Vincent		13b. MOTHER'S MAIDEN NAME U. S. Baker	
14. NAME OF HUSBAND OR WIFE Hosea		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 Hosea Gann Conway		17. INFORMANT'S SIGNATURE OR NAME Hosea Gann Conway		ADDRESS 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage of brain ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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) 331X	
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 1-1 , 19 52 , to 6-15 , 19 53 , that I last saw the deceased alive on 5-22 , 19 53 , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE J. W. Lindsay M.D.			23b. ADDRESS Conway		23c. DATE SIGNED 6-18-53
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-17 1953		24c. NAME OF CEMETERY OR CREMATORY Gann	
24d. LOCATION (City, town, or county) (State) Dallas Co Mo		24e. LOCATION (City, town, or county) (State) Dallas Co Mo		24f. LOCATION (City, town, or county) (State) Dallas Co Mo	
DATE REC'D BY LOCAL REG. 10/1/53		REGISTRAR'S SIGNATURE H. H. H. 392		25. FUNERAL DIRECTOR'S SIGNATURE L B Jones	
ADDRESS Buffalo Mo		ADDRESS Buffalo Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed Mark B. Jones

Signed
Student Embalmer

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.