

FILED AUG 9 - 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 22486

|  |  |   |                         |   |                           |  |                         |
|--|--|---|-------------------------|---|---------------------------|--|-------------------------|
| BIRTH NO. _____  |  | REG. DIST. NO. 75   |                         | PRIMARY REG. DIST. NO. 3015   |                           | Registrar's No. 45   |                         |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clinton</u>  |  |   |                         | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u> |                           |  |                         |
| b. CITY OR TOWN <u>Cameron</u>   |  | c. LENGTH OF STAY (in this place) <u>17 days</u>  |                         | c. CITY OR TOWN <u>Hamilton</u>   |                           | 6130   |                         |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Community Hospital</u>  |  |   |                         | d. STREET ADDRESS (If rural, give location) <u>/</u>  |                           |  |                         |
| 3. NAME OF DECEASED<br>(Type or Print) <u>Henry</u>  |  |   | a. (First) <u>Henry</u> |   | b. (Middle) <u>Walter</u> |  | c. (Last) <u>Ganser</u> |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>July 29, 1954</u>   |  | 5. SEX <u>Male</u>  |                         | 6. COLOR OR RACE <u>White</u>   |                           | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>                      |                         |
| 8. DATE OF BIRTH <u>Aug. 1, 1876</u>   |  | 9. AGE (In years last birthday) <u>77</u>   |                         | IF UNDER 1 YEAR Months Days   |                           | IF UNDER 24 HRS. Hours Min.  |                         |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>  |                         | 11. BIRTHPLACE (City and State or Foreign Country) <u>Harlan, Iowa</u>  |                           | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                       |                         |
| 13a. FATHER'S NAME <u>Samuel L. Ganser</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Sabina Lochr</u>   |                         | 14. NAME OF HUSBAND OR WIFE <u>Nellie Ganser</u>  |                           |  |                         |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>496-09-3099</u>  |                         | 17. INFORMANT'S SIGNATURE OR NAME <u>Roselle Ganser</u>   |                           | ADDRESS <u>Hamilton, Mo.</u>   |                         |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION   |                         |   |                           | INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>                                    |                         |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>   |                         |   |                           |  |                         |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis</u> |                         |   |                           |  |                         |
|  |  | DUE TO (c) _____  |                         |   |                           |  |                         |
| 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) <u>4500</u>   |                           |  |                         |
| 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 <u>7-20</u> , 1954 to <u>7-29</u> , 1954, that I last saw the deceased alive on <u>7-29</u> , 1954 and that death occurred at _____ m., from the causes and on the date stated above. |  |   |                         |   |                           |  |                         |
| 23a. SIGNATURE <u>R. P. Miller MD</u> (Degree or title)  |  |   |                         | 23b. ADDRESS <u>Cameron, Mo</u>   |                           | 23c. DATE SIGNED <u>7-31-1954</u>  |                         |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>Aug. 1, 1954</u>   |                         | 24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>   |                           | 24d. LOCATION (City, town, or county) (State) <u>Hamilton, Mo.</u>               |                         |
| DATE REC'D BY LOCAL REG. <u>8-4-54</u>   |  | REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u> 396  |                         | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Marion A. Brown</u>   |                           | ADDRESS <u>Hamilton, Mo.</u>   |                         |

(Licensed Embalmer's Statement on Reverse Side)

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

300

148

57

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Morris A. Brun

Licensed Embalmer No. 3918

P. O. Address Hamilton,

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.