S. No. 300
v. 10.48

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FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29466

State File No. .....

BIRTH NO. -- REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 1077 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY: STE GENEVIEVE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL BEAUVIOS
c. LENGTH OF STAY (in this place): 5 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST MARY'S MO RR#1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: STE. GENEVIEVE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL BEAUVIOS 0950 0
d. STREET ADDRESS (If rural, give location): ST MARY'S MO RR#1

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle):
c. (Last): GANN

4. DATE OF DEATH (Month) (Day) (Year): AUG 7 1954

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): UNKNOWN 9
8. DATE OF BIRTH: Oct 1 1894
9. AGE (In years last birthday): 60. 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): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): UNKNOWN - 9
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: J. E GANN
13b. MOTHER'S MAIDEN NAME: Belle DADE
14. NAME OF HUSBAND OR WIFE: UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: Jewell Bradley, Kansas City, Mo. ADDRESS

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Cardiac Failure — 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): Coronary Occlusion

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: 0 4201
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* May 15, 1954, *to* Aug 7, 1954, *that I last saw the deceased alive on* July 30, 1954, *and that death occurred at* 11:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O M Wiedeman DO
23b. ADDRESS: Perryville Mo
23c. DATE SIGNED: 8/11/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-17-54
24c. NAME OF CEMETERY OR CREMATORY: St. Marys City
24d. LOCATION (City, town, or county) (State): St. Marys Mo

DATE REC'D BY LOCAL REG.: 8/16/54
REGISTRAR'S SIGNATURE: Lucille Barker
25. FUNERAL DIRECTOR'S SIGNATURE: Geo. Barker
ADDRESS: Ste Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 24 1955

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 Edward J. Steler

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve, 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.