

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 16 1954

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>4424</u>		Registrar's No. <u>136</u>	
1. PLACE OF DEATH a. COUNTY Polk				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) Humansville		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Dunnegan		<u>0200</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION George Dimmitt Memorial				d. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print) a. (First) Lessie		b. (Middle) Mabel		c. (Last) Gannaway		4. DATE OF DEATH (Month) (Day) (Year) 11-19-54	
5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-18-95	
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. 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			11. BIRTHPLACE (State or foreign country) Missouri <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? U.S. A		13a. FATHER'S NAME Benjamin Abbott		13b. MOTHER'S MAIDEN NAME Hudson		14. NAME OF HUSBAND OR WIFE William Edgar Gannaway	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS. Eugene Gannaway Dunnegan 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis 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.				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) 592 X			
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>11/12</u> , 19 <u>54</u> , to <u>11/19</u> , 19 <u>54</u> ; that I last saw the deceased alive on <u>11/19</u> , 19 <u>54</u> , and that death occurred at <u>11:46</u> A.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. Robinson M.D.				23b. ADDRESS Humansville Mo		23c. DATE SIGNED 11/20/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-21-54		24c. NAME OF CEMETERY OR CREMATORY Lindley Prairie		24d. LOCATION (City, town, or county) (State) Cedar County, Mo.	
DATE REC'D BY LOCAL REG. 12-8-1954		REGISTRAR'S SIGNATURE Ralph Gorden		25. FUNERAL DIRECTOR'S SIGNATURE Patton Funeral Home		ADDRESS Stockton, Mo.	

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

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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.....
Student Embalmer

Signed *John A. Cantlow*

Licensed Embalmer No. 4387

P. O. Address Stockton, Md

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.