

No. 300
10-48

FILED JUL 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. 19686

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5984 Registrar's No. 79

850

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Pulaski | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ohio | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Log Eddy - Gasconade River | | c. CITY OR TOWN Bell Fountain | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Log Eddy - Gasconade River | | e. STREET ADDRESS (If rural, give location) 8348 | |

| | | | | | | | |
|--|---------------------------|---|--|---|-------------------------|-------------------------------------|------|
| 3. NAME OF DECEASED (Type or Print) Edna Pearl Gan | | | 4. DATE OF DEATH (Month) (Day) (Year) July 2, 1955 | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan 28, 1926 | 9. AGE (In years last birthday) 28 | IF UNDER 1 YEAR Days | 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 | | 11. BIRTHPLACE (City and State or Foreign Country) Pulaski County Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |

| | | | | | | | |
|---|--|--|--|--|--|---------|--|
| 13a. FATHER'S NAME Leonard Jeffries | | 13b. MOTHER'S MAIDEN NAME Cora Storie | | 14. NAME OF HUSBAND OR WIFE Lee Otis Gan | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X | | 16. SOCIAL SECURITY NO. X | | 17. INFORMANT'S SIGNATURE OR NAME Cora Jeffries Laquey, Mo. | | ADDRESS | |

| | | | |
|---|---|--|---|
| 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DROWNING | | INTERVAL BETWEEN ONSET AND DEATH 5 MIN |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) [REDACTED] | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E4298 42 | | | |
| 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) accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) river | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Log Eddy Pulaski MO | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 2 1955 5 P. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Mrs Gan slipped in swift water while wading | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on July 2, 1955, and that death occurred at 5 P. m., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|---|--|
| 23a. SIGNATURE Billy J. Hedges CORONER | | 23b. ADDRESS Richland Missouri | | 23c. DATE SIGNED July 2, 1955 | |
| 24a. BURIAL CREMATION REMOVAL (Specify) Burial | | 24b. DATE 7/5/55 | | 24c. NAME OF CEMETERY OR CREMATORY Iduma | |
| 24d. LOCATION (City, town, or county) (State) Laquey Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE Walter Hedges | | ADDRESS Hedges Funeral Home Iberia, Mo | |
| DATE REC'D BY LOCAL REG. 7-5-55 | | REGISTRAR'S SIGNATURE Cora Pearl Anderson | | 458 | |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-5-55
Nebraska County Health Officer
File Number
Date Filed 7-9-55

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.....
Signature of Student Embalmer

Signed *Clarence Duose*

Licensed Embalmer No. *4896*

P. O. Address *Waynesville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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