

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21910

FILED AUG 1 - 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5482 Registrar's No. 622

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN <u>Rural Adams</u>	c. LENGTH OF STAY (in this place) <u>86 yr</u>	c. CITY OR TOWN <u>Rural Adams</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No</u>		e. STREET ADDRESS (If rural, give location) <u>Adams Hwy 0402</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel Francis</u> b. (Middle) <u>Gannan</u> c. (Last) <u>Gannan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-20-55</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-13-1869</u>
9. AGE (In years last birthday) <u>86</u>		10. MONTH <u>6</u> DAY <u>7</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Gannan</u>		13b. MOTHER'S MAIDEN NAME <u>Maranda Jane Justice</u>	
14. NAME OF HUSBAND OR WIFE <u>Nora Gannan</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nora Gannan</u> ADDRESS <u>Gilman City Mo.</u>	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage (Stroke)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		331X	
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 _____	
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) _____	
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>June, 1953</u> to <u>July 29, 1953</u> that I last saw the deceased alive on <u>July 19, 1955</u> and that death occurred at <u>11:00 A. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. Henderson</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Gilman City Mo.</u>	
23c. DATE SIGNED <u>July 25/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>7-20-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	
24d. LOCATION (City, town, or county) (State) <u>Bethany Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Shaw</u> ADDRESS <u>Bethany Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/27/55</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u> ADDRESS <u>116-0</u>	

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..

Student.....
Signature of Student Embalmer

Signed..... *W. S. Hauer*

Licensed Embalmer No. *389*

P. O. Address *Bethany*

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.