

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32575**

FILED NOV 14 1955

BIRTH NO. _____ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **5291** Registrar's No. **91**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Liberty - Rural		c. CITY OR TOWN Liberty	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) minutes		No. STREET ADDRESS (If rural, give location) North Main St. 6000	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile N. of Liberty			

3. NAME OF DECEASED (Type or Print)	a. (First) Reuben	b. (Middle) Melvin	c. (Last) Gant	4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Dec 1, 1919	9. AGE (in years last birthday) 35	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Construction Co	11. BIRTHPLACE (City and State or Foreign Country) Hunter, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edgar R. Gant	13b. MOTHER'S MAIDEN NAME Myrtle Little GANT	14. NAME OF HUSBAND OR WIFE Geraldine B. Gant
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give type or dates of service) yes WW II	16. SOCIAL SECURITY NO. 518-0509682	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Brown Liberty, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Fractures - Skull Arms, legs chest & hand		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Car ran off highway turning over numerous times DUE TO (c) Poisoning alcohol at 21		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 8234			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 32	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Liberty 6000 Clay Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

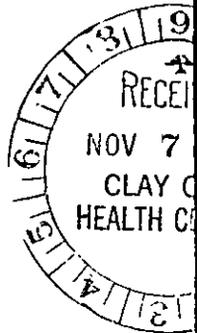
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. S. Pat. M. D. Brown	23b. ADDRESS North Kansas City, Mo.	23c. DATE SIGNED 10/23/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Oct. 28, 1955	24c. NAME OF CEMETERY OR CREMATORY Melba Cemetery	24d. LOCATION (City, town, or county) (State) Melba, Idaho
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DATE REC'D BY LOCAL REG. Nov. 5, 1955	REGISTRAR'S SIGNATURE Marcel Graham	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tyler Parley Funeral Home Liberty, Mo.
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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 *Charles F. Tyle*.....

Licensed Embalmer No. *45*.....

P. O. Address *Ste 7*.....

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.