No. 300
10-48

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37799

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5984 Registrar's No. 167

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Liberty TWP Richland, Missouri
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN: Waynesville, Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rural Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Bobby
b. (Middle): Gene
c. (Last): Gan

4. DATE OF DEATH (Month) (Day) (Year): Nov. 19, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Nevermarried
8. DATE OF BIRTH: Jan. 31, 1950
9. AGE (In years last birthday): 5 — 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): None.
10b. KIND OF BUSINESS OR INDUSTRY: None.
11. BIRTHPLACE (City and State or Foreign Country): Waynesville, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: John Lilburn Gan
13b. MOTHER'S MAIDEN NAME: Polly Ann Gann
14. NAME OF HUSBAND OR WIFE: None.
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.: None.
17. INFORMANT'S SIGNATURE OR NAME: Albert Gan
ADDRESS: Dixon, Missouri

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Skull - Maceration of Brain — INTERVAL BETWEEN ONSET AND DEATH: Instant

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.

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27

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): June 133 + 36 Hwys
21c. (CITY, TOWN, OR TOWNSHIP): Liberty (COUNTY): Pulaski (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 19 1955 2308
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Frisco R.R. Train Hit Car

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* 2:30 *P.M., from the causes and on the date stated above.*

23a. SIGNATURE: B. Hedges (Degree or title): County Coroner.
23b. ADDRESS: Richland, Missouri
23c. DATE SIGNED: 11/19/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/23/55
24c. NAME OF CEMETERY OR CREMATORY: Buckhorn Cemetery
24d. LOCATION (City, town, or county) (State): Waynesville, Mo Rural
DATE REC'D BY LOCAL REG.: 11-22-55
REGISTRAR'S SIGNATURE: Paula Jane Anderson
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: B. Hedges Richland Mo
Hedges Funeral Home Waynesville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-23-55
County Health Officer
File Number
Date Filed 11-23-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Moss

Licensed Embalmer No. 1.99

P. O. Address Waynesvi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.