

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37800

FILED NOV 30 1955

State File No.

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5984 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY <u>Pulaski.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland, Missouri</u>		c. CITY OR TOWN <u>Waynesville, Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>Rural Rt. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>None.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frona</u>	b. (Middle) <u>Mac</u>	c. (Last) <u>Gan</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>11/19/55</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>June 1, 1931</u>	9. AGE (In years last birthday)	Months <u>24</u>	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waitress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Waynesville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John Lilburn Gan</u>	13b. MOTHER'S MAIDEN NAME <u>Polly Ann Gann</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Albert Gan.</u> ADDRESS <u>Dixon, Missouri</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull - Severe trauma to BRAIN</u>	DUPLICATE TO (b) _____		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUPLICATE TO (c) _____		
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 <u>8104</u> <u>27</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME Hwy 1329 RS</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Liberty</u> (COUNTY) <u>PULASKI</u> (STATE) <u>MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 19 55 2300</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>FRISCO TRAIN hit CAR</u>

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 (Degree or title) <u>B. Hedges</u> County Coroner.	23b. ADDRESS <u>Richland, Missouri</u>	23c. DATE SIGNED <u>11/21/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/23/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buckhorn Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Waynesville, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. Hedges</u> ADDRESS <u>Hedges Funeral Home Waynesville, MO</u>
DATE REC'D BY LOCAL REG. <u>11-22-55</u>	REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>	(Licensed Embalmer's Statement of Reverse Side)

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

Date Filed 11-26-55
File Number

RECORDED 11-22-55
Franklin County Health Officer

JUL 27 1956

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 Jones*

Licensed Embalmer No. 489

P. O. Address *Waynes*

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