

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37802**

FILED NOV 30 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5984** Registrar's No. **165**

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give RURAL and give township) OR <b>Liberty Twp</b> TOWN <b>Richland, Missouri</b>		c. CITY OR TOWN <b>Waynesville, Mo</b>	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: <b>None.</b>		e. STREET ADDRESS (If rural, give location) <b>Rural Rt. 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Polly</b>	b. (Middle) <b>Ann</b>	c. (Last) <b>Gan</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 19, 1955</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 31, 1905</b>
9. AGE (In years last birthday) <b>50</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Pulaski Co Bloodland, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Robert Gan</b>	13b. MOTHER'S MAIDEN NAME <b>Melvina Leals</b>	14. NAME OF HUSBAND OR WIFE <b>John Lilburn Gan.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Albert Gan Dixon, Missouri</b>

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		INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crushed Chest + fractured SKULL</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <del>SKULL</del> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>8104</b>	

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) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>June Hwy 132 Y 35</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Liberty Pulaski Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov 19 1955 2:30 P</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>FRISCO TRAIN HIT CAR</b>

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) <b>W. B. Wedge County Coroner.</b>	23b. ADDRESS <b>Richland, Missouri</b>	23c. DATE SIGNED <b>11/21/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/23/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Buckhorn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Waynesville, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11-22-55</b>	REGISTRAR'S SIGNATURE <b>Paula Irene Anderson</b>	458	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. B. Wedge Richland Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

Date Filed 11-26-55

File Number

11-22-55  
Health Office

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 F. Moore*

Licensed Embalmer No. *488*

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.