

FILED MAR 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9465

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>227</u>		PRIMARY REG. DIST. NO. <u>5804</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>MONROE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-JACKSON TWP.</u>		c. LENGTH OF STAY (in this place) <u>2 Mo.</u>		c. CITY OR TOWN <u>PARIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RT. 1, THOMPSON</u>				e. STREET ADDRESS (If rural, give location) <u>302 N. LOCUST ST.</u> <u>0670</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOLA</u> b. (Middle) <u>MAUD</u> c. (Last) <u>GANT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 16, 1957</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 16 1881</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Days <u>8</u>	IF UNDER 24 HRS. Hours <u>0</u> Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ANDOVER, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOS. J. VANLANDINGHAM</u>			13b. MOTHER'S MAIDEN NAME <u>LAURA TURELKELD</u>		14. NAME OF HUSBAND OR WIFE <u>BEN GANT</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>TOM GANT, THOMPSON, 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>Stroke</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 Days</u>
*This does not mean the mode of dying, such as heart failure, asthenia, 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) <u>arterio-sclerosis</u>					<u>26. 12</u>
		DUE 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>332x</u>				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) (m.)		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>APRIL 1, 1957</u> , to <u>MAR 16, 1957</u> , that I last saw the deceased alive on <u>MAR 15, 1957</u> , and that death occurred at <u>2:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm M. Bennett M.D.</u>				23b. ADDRESS <u>PARIS, MO.</u>		23c. DATE SIGNED <u>3-16-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-17-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NALMUT GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>PARIS MO.</u>		
DATE REC'D BY LOCAL REG. <u>3-16-57</u>		REGISTRAR'S SIGNATURE <u>J. A. Barnett M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Speed + Blakey PARIS, MO</u>			

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

43 05

JUN 1 1958

JAN 29 1958

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..... *E. H. Agnew*

Licensed Embalmer No. *4220*

PARIS, MISSOURI

P. O. Address

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.