t. Health,
, & Welfare
S. Public
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FILED NOV 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36940
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 131

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) None. Length of stay in Ib X

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski
c. CITY OR TOWN Waynesville, Mo. Inside Limits Yes [X] No [ ]
d. STREET ADDRESS None. (If outside, give location) Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Lloyd Middle Connieway Last Gann.
4. DATE OF DEATH Month 10 Day 26 Year 1957
5. SEX Male
6. COLOR OR RACE White.
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH March 28, 1930
9. AGE (In years last birthday) 27 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) Cab & Bus Driver.
10b. KIND OF BUSINESS OR INDUSTRY None.
11. BIRTHPLACE (City and state or country) Bloodland, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel P. Gann.
13b. MOTHER'S MAIDEN NAME Jessie Myrtle Christenson
14. NAME OF HUSBAND OR WIFE Joy J. Gan.
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. Unknown.
17. INFORMANT Joy Juanita Gan. Address Waynesville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) coronary arteries
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955, to 1957 and last saw her/him alive on Oct. 26, 1957
Death occurred at 1:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title)
22b. ADDRESS Waynesville, Missouri
22c. DATE SIGNED 10-28-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/29/57
23c. NAME OF CEMETERY OR CREMATORY Buckhorn Cemetery
23d. LOCATION (City, town, or county) (State) Waynesville, Mo Rural Rt.

24. FUNERAL DIRECTOR [signature] ADDRESS Hedges Funeral Home Way, Mo
25. DATE RECD. BY LOCAL REG. 10-29-57
26. REGISTRAR'S SIGNATURE Leola Grace Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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RECEIVED 11-3-57
Pulaski County Health Office
File Number 131
Date Filed 10-29-57

NOV 13 1957

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 J Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, M

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.