Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005245
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 128 Primary Registration District No. — Registrar's No. 206

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN S. Campbell Twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION Hiway 60 East of Springfield, Mo — Length of stay in Hospital or Institution

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Rogersville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS ———— (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Ronald Middle Dean Last Gann

4. DATE OF DEATH Month February Day 24 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 15, 1939
9. AGE (In years last birthday) 19 — 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) Warehouseman
10b. KIND OF BUSINESS OR INDUSTRY Grocery
11. BIRTHPLACE (City and state or country) Webster County, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Lowell Gann
13b. MOTHER'S MAIDEN NAME Helen Courtney
14. NAME OF HUSBAND OR WIFE ————

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) National Guard Reserves
16. SOCIAL SECURITY NO. 489-40-4013
17. INFORMANT Mrs. Helen Gann Bilyeu Address Rogersville, Missouri

MEDICAL CERTIFICATION — USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INTERNAL HEAD AND CHEST INJURIES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Two Car Accident, He was driver apparently of the East Bound Auto. Accident was 4/10 Mile East of U. S. Hiway "60" from State Hiway "125"
20c. TIME OF INJURY Hour 3:40 a.m. Month, Day, Year Feb 24 1959
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.) U S Hiway 60
20f. CITY, TOWN, OR LOCATION ———— COUNTY Greene STATE Missouri

21. I attended the deceased from ———— to ———— and last saw her/him alive on ————
Death occurred at 3:40 AM a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph Greene (Degree or title) County Coroner
22b. ADDRESS Springfield, Missouri
22c. DATE SIGNED 26 Feb 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-26-1959
23c. NAME OF CEMETERY OR CREMATORY Pleasant View Cem.
23d. LOCATION (City, town, or county) Webster County, Missouri (State)

24. FUNERAL DIRECTOR Rex Rainey — ADDRESS Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 2-26-59
26. REGISTRAR'S SIGNATURE Effie G. Mellor

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 Me ----------, Student Embalmer No. ------ working under my personal supervision.

Student ---------- Signature of Student Embalmer

Signed H W Fossett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon

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.