Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006822
STATE FILE NUMBER

FILED MAR 3 1959 Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY St. Francois	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elvins Rt. # 1 — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Elvins Rt. # 1 6948 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Randolph Twp. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Randolph Twp. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First GEORGE	Middle W.	Last GANN	4. DATE OF DEATH Month Feb Day 21 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH May 24, 1882
9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 8 Days 27	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry Gann	13b. MOTHER'S MAIDEN NAME Mary Williams	14. NAME OF HUSBAND OR WIFE Maggie Ross Gann	
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. none	17. INFORMANT Robert Gann Address Farmington, 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 ½ h.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) arterio-sclerosis generalis hypertension

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) aortic & mitral regurgitation 4201

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.)

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 2-8-59, to 2-21-59 and last saw her/him alive on 2-18-59

Death occurred at 5:21 P.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H O Gaulle MD	22b. ADDRESS Desloge, Mo.	22c. DATE SIGNED 2-23-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb 24, 1959	23c. NAME OF CEMETERY OR CREMATORY Pendleton Cemetery	23d. LOCATION (City, town, or county) (State) Doe Run, Missouri
24. FUNERAL DIRECTOR ADDRESS Murphy L. Sparks Flat River, Mo.	25. DATE RECD. BY LOCAL REG. Feb. 24, 1959	26. REGISTRAR'S SIGNATURE Esther Rudloff	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. .....

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.