

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008717

STATE FILE NUMBER

FILED APR 6 1959

Registration District No. 69

Primary Registration District No. 5270

Registrar's No. 5

20  
300  
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Christian</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lincoln Twsp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Clever, Rt. #1</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>residence</b>		Length of stay in 1b <b>71 years</b>	d. STREET ADDRESS (If outside, give location) <b>2 1/2 miles SE</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>JATHEN CHARLES GHAN</b>			4. DATE OF DEATH Month Day Year <b>March 25, 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 28, 1887</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		9b. KIND OF BUSINESS OR INDUSTRY - - -	9. AGE (In years last birthday) <b>71</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY - - -	10. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
11a. FATHER'S NAME <b>Chas. W. Ghan</b>		11b. MOTHER'S MAIDEN NAME <b>Mary J. Merritt</b>	11. NAME OF HUSBAND OR WIFE <b>Lillie Leslie</b>
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		12. SOCIAL SECURITY NO. <b>none</b>	12. INFORMANT Address <b>Chas. D. Ghan, Clever, Missouri</b>
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>cerebral hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) _____			<b>331X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			13. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
14a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		14b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
14c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
14d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		14e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	14f. CITY, TOWN, OR LOCATION COUNTY STATE
15. I attended the deceased from <b>3/25/59</b> to _____ and last saw her/him alive on <b>3/25/59</b> Death occurred at <b>12:30</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
15a. SIGNATURE <i>R. C. Mitchell, M.D.</i>		15b. ADDRESS <i>Republic, Mo</i>	15c. DATE SIGNED <i>3/25/59</i>
16a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		16b. DATE <b>3/28/1959</b>	16c. NAME OF CEMETERY OR CREMATORY <b>Frazier Cemetery</b>
16d. FUNERAL DIRECTOR <i>J. Jean Harris</i>		16e. LOCATION (City, town, or county) (State) <b>Clever, Missouri</b>	
16f. ADDRESS <b>Clever, Mo.</b>		16g. DATE RECD. BY LOCAL REG. <b>April 2, 1959</b>	16h. REGISTRAR'S SIGNATURE <i>Olive Heatter</i>

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 *J. Dean Harris* .....

Licensed Embalmer No. *4390* .....

P. O. Address *Cleveland, Mo.* .....

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.