

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013822

STATE FILE NUMBER

FILED APR 16 1959

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 20

52
300
-57

1. PLACE OF DEATH a. COUNTY Jefferson		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 De Soto, Mo.		c. CITY OR TOWN ELVINS, Rt. 10940	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb 7 Days		None	
3. NAME OF DECEASED (Type or print) First Maggie Middle Mae Last Gann		4. DATE OF DEATH Month April Day 4 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 18, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 78
11. BIRTHPLACE (City and state or country) Bonne Terre, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Armon		13b. MOTHER'S MAIDEN NAME Mary Forshee	
14. NAME OF HUSBAND OR WIFE George Gann		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Hubert Ross Granite City, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION			INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio sclerotic heart disease			unknown
DUE TO (c) DIABETES MELLITUS 260X			unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Has had 2 previous severe heart attacks 1958-59			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 1957 to April 4, 1959 and last saw her alive on March 31, 1959 Death occurred at 9:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. I. Foster (Degree or title) MD.		22b. ADDRESS Weslodge Mo	
22c. DATE SIGNED 4-7-59.		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE April 16, 1959		23c. NAME OF CEMETERY OR CREMATORY Doe Run, Cemetery	
23d. LOCATION (City, town, or county) (State) Doe Run, Missouri		24. FUNERAL DIRECTOR Bert L Boyer Leadwood, Missouri	
25. DATE RECD. BY LOCAL REG. Apr. 9-1959		26. REGISTRAR'S SIGNATURE Marie Parrier.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

APR 11 1955 RECEIVED

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 *B. L. Byrd*

Licensed Embalmer No. *3448*
P. O. Address *Ladwood, 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.