

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017191

STATE FILE NUMBER

FILED JUN 10 1959 Registration District No. 096 Primary Registration District No. Registrar's No. 35

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Elkland</u>		c. CITY OR TOWN <u>Elkland</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Elkland R3</u>		Length of stay in lb <u>3 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. 3</u>

3. NAME OF DECEASED (Type or print) First Middle Last <u>NANCY JANE GANN</u>			4. DATE OF DEATH Month Day Year <u>5 21 1959</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>au</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-5-1867</u>	9. AGE (In years last birthday) <u>91</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and state or country) <u>Webster Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>us</u>

13a. FATHER'S NAME <u>Francis Anglin</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Allen</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Everett Gann Elkland, Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) <u>Senility</u>	
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 <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 _____ a.m. _____ p.m.	

20d. INJURY OCCURRED WHILE AT WORK <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 <u>from last 12 yrs</u> and last saw her alive on <u>9-29-58</u> Death occurred _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>J. B. Jones</u> (Degree or title)	22b. ADDRESS	22c. DATE SIGNED <u>5-25-59</u>

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>5-24-1959</u>	23c. NAME OF SEMETERY OR CREMATORY <u>Gann cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Elkland, Mo.</u>
---	-------------------------------	--	--

24. FUNERAL DIRECTOR <u>L. B. Jones, Buffalo Mo</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>6/8/59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Vera Petree</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
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 aml....., Student Embalmer No. ✓..... working under my personal supervision.

Student ✓.....
Signature of Student Embalmer

Signed R.E. Cheatham.....

Licensed Embalmer No. 3813.....

P. O. Address Buffalo, 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.