

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034138

FILED VS SEP 19 1960

Registration District No. 661 Primary Registration District No. 5236 Registrar's No. 28

STATE FILE NUMBER

|  |  |   |   |   |  |   |                                   |
|--|--|---|---|---|--|---|-----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cedar</u>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY |  |   |                                   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Box Township</u>   |  | Length of stay in 1b  |   | c. CITY OR TOWN <u>El Dorado Springs</u>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Highway 54</u>   |  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                      | d. STREET ADDRESS (If outside, give location)<br><u>Route 5</u>   |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Clyde</u> Middle <u>Gantt</u> Last  |  |   |   | 4. DATE OF DEATH<br>Month <u>September</u> Day <u>9</u> Year <u>1960</u>  |  |   |                                   |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><u>8-15-1920</u>  | 9. AGE (last birthday)<br><u>40</u>  | IF UNDER 1 YEAR<br>Months   | IF UNDER 24 HR<br>Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Cabinet Maker</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Casket Factory</u>  |   | 11. BIRTHPLACE (City and state or country)<br><u>Columbia, So. Carolina</u>   |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |                                   |
| 13a. FATHER'S NAME<br><u>Johnnie Lee Gantt</u>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Alberta Gantt</u>  |   |                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes World War II</u>   |  | 16. SOCIAL SECURITY NO.<br><u>251-20-0086</u>   |   | 17. INFORMANT<br>Address<br><u>Alberta Gantt, El Dorado Springs, Mo</u>   |  |   |                                   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:   |  |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH  |                                   |
| IMMEDIATE CAUSE (a) <u>Broken neck</u>   |  |   |   |   |  |   |                                   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |  | DUE TO (b) <u>Automobile accident</u>   |   |   |  |   |                                   |
| DUE TO (c)   |  |   |   |   |  |   |                                   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  |   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |                                   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input checked="" 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.)<br><u>Accident on Hwy 54</u> |   |  |   |                                   |
| 20c. TIME OF INJURY<br>Hour <u>12 midnight</u> Month <u>9</u> Day <u>9</u> Year <u>60</u>  |  |   |   |   |  |   |                                   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Highway 54 near Cedar Springs, Mo.</u>                       |   | 20f. CITY, TOWN, OR LOCATION<br><u>Highway 54 near Cedar Springs, Mo.</u>   |  | COUNTY STATE  |                                   |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <u>12 midnight</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |   |   |  |   |                                   |
| 22a. SIGNATURE<br><u>W. S. Gwinn, Coroner</u> (Degree or title)  |  |   |   | 22b. ADDRESS<br><u>El Dorado Springs, Mo.</u>   |  | 22c. DATE SIGNED<br><u>9-10-60</u>  |                                   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>9-12-1960</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Love Cemetery</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>Cedar Co., Missouri</u>   |  |   |                                   |
| 24. FUNERAL DIRECTOR<br><u>Gwinn-Carothers, El Dorado Spgs, Mo.</u> ADDRESS  |  |   | 25. DATE RECD. BY LOCAL REG.<br><u>9-12-1960</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>Hugh S. Allen, Deputy</u>  |   |                                   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 22 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Floyd E. Craveth

Licensed Embalmer No. 4419

P. O. Address E. Omaha St

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.