RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 19 1960

-60-048566

STATE FILE NUMBER

Registration District No. 373 Primary Registration District No. 6267 Registrar's No. 60

DED

1. PLACE OF DEATH
a. COUNTY Webster
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elkland - Jackson Twp — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Webster
c. CITY OR TOWN Elkland — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Johnnie Middle Arch Last Gann

4. DATE OF DEATH Month Dec. Day 7 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-5-1875
9. AGE (last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Dallas Co., Mo.
12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Charley Gann
13b. MOTHER'S MAIDEN NAME Prudence Potett
14. NAME OF HUSBAND OR WIFE Nancy Gann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. Nancy Gann, Elkland, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) MEDULLARY PARALYSIS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) THROMBOTIC ENCEPHALOMALACIA
DUE TO (c) ARTERIOSCLEROSIS

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. ☐ Yes ☐ No ☐ Unknown

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 8/22/60 to 12/7/60 and last saw ~~her~~ him alive on 12/7/60
Death occurred at 4:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature], D.O.
22b. ADDRESS Marshfield, Mo.
22c. DATE SIGNED 8/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-10-1960
23c. NAME OF CEMETERY OR CREMATORY Thorne Cemetery
23d. LOCATION (City, town, or county) (State) Dallas Co., Mo.

24. FUNERAL DIRECTOR ADDRESS Rex Rainey, Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 12-15-60
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DEC 20 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed_____

Licensed Embalmer No. 456 J

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.