

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-021961

STATE FILE NUMBER

AMENDED

Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 31

FILED JUL 6 1961

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Montgomery City</u>		c. CITY OR TOWN <u>Montgomery City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First <u>Cora</u> Middle <u>Gannaway</u> Last			4. DATE OF DEATH Month <u>June</u> Day <u>23</u> Year <u>1961</u>			
--------------------------------------------------------------------------------------	--	--	----------------------------------------------------------------------	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-25-1889</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>28</u>	IF UNDER 24 HR Hours <u></u> Min. <u></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>Home</u>	11. BIRTHPLACE (City and state or country) <u>Montgomery County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
-----------------------------------------------------------------------------------------------------------------	--------------------------------------------------	-----------------------------------------------------------------------------	-------------------------------------------

13a. FATHER'S NAME <u>James Henry Chase</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Crump</u>	14. NAME OF HUSBAND Deceased <u>Clifford Gannaway</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. <u>None</u>	17. INFORMANT <u>Clifford Gannaway</u> Address <u>Montgomery City, Missouri</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>Primary Hypernephroma.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>secondary osteolytic metastasia, right pelvis.</u>	<u>6 months</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
-----------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------

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. Month, Day, Year _____

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 Oct. 14, 1948 to June 23, 1961 and last saw her her alive on June 9, 1961
Death occurred at 3:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>W. Van Orsdale DO</u>	22b. ADDRESS <u>Montgomery City, Missouri</u>	22c. DATE SIGNED <u>6-26-61</u>
--------------------------------------------------------------	--------------------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 27, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Montgomery City, Missouri</u>
------------------------------------------------------------	-----------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------------------------

24. FUNERAL DIRECTOR <u>Schlanker Funeral Home</u> ADDRESS <u>Montgomery City Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>6/26/61</u>	26. REGISTRAR'S SIGNATURE <u>Laura B Callaway</u>
--------------------------------------------------------------------------------------------------	------------------------------------------------	------------------------------------------------------

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 18 1961

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 E. Boone Schlander

Licensed Embalmer No. 4136

P. O. Address Montgomery City

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.