

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-023923

STATE FILE NUMBER

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 144

FILED JUL 18 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Calif.</b> b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		Length of stay in 1b <b>9 wks</b>	c. CITY OR TOWN <b>San Francisco</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain County</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>San Francisco</b>
3. NAME OF DECEASED (Type or print) First <b>Horace</b> Middle <b>Chanslor</b> Last <b>Gano</b>		4. DATE OF DEATH Month <b>July</b> Day <b>4</b> Year <b>1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/23/80</b>
9. AGE (last birthday) <b>81</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>11</b>	IF UNDER 24 HR. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Tidewater Oil</b>	11. BIRTHPLACE (City and state or country) <b>Missouri City, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Aaron Price Gano</b>	
13b. MOTHER'S MAIDEN NAME <b>Gertrude Chanslor</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>F. Gano Chance, Centralia, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Metastasis</b> Duration <b>2 months</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Rectal carcinoma</b> About <b>6 months</b>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Nephrosis bilateral</b> Duration <b>about 9 months</b>			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 <b></b> a.m. <b></b> p.m. <b></b>	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 <b>November, 1960</b> to <b>July 4, 1961</b> and last saw <sup>her</sup> him alive on <b>July 4, 1961</b> Death occurred at <b>11:00</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>L. Lachance, M.D.</b> (Degree or title)		22b. ADDRESS <b>110 W. Sneed, Centralia, Mo.</b>	22c. DATE SIGNED <b>July 5, 1961</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>	23b. DATE <b>July 6, '61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Centralia</b>	23d. LOCATION (City, town, or county) (State) <b>Centralia, Mo.</b>
24. FUNERAL DIRECTOR <b>Paul J. Meador</b> ADDRESS <b>Centralia Mo</b>	25. DATE RECD. BY LOCAL REG. <b>July 6-1961</b>	26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	

MAR 13 1962

**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 Bill J. Meadows

Licensed Embalmer No. 4876

P. O. Address Ontario, N.J.

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.