

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023046

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2914

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 21 1962

VS 300
Rev. 4/59

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2 3668

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11 123

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 30 Yrs.	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4306 Warwick Blvd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle K. Last GANONG			4. DATE OF DEATH Month May Day 30 Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-16-1894
9. AGE (last birthday) 67		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) Osteopathic Physician		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cambridge, Mass.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME George A. Ganong	
13b. MOTHER'S MAIDEN NAME Jessie Mc Cloud		14. NAME OF HUSBAND OR WIFE Stephanie Ganong	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Mrs. Stephanie Ganong		Address Kansas City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Respiratory Center Depression			INTERVAL BETWEEN ONSET AND DEATH minutes
DUE TO (b) Subdural Hematoma & Cerebral Edema			11 days
DUE TO (c) Trauma & Cerebral Arteriosclerosis			11 days +
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 checked="" type="checkbox"/> NO <input 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.) Fell against table at home	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 5-19-62			
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.) home	20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo.
21. I attended the deceased from 5-22-62 to 5-30-62 and last saw him alive on 5-30-62 Death occurred at 11:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE V. J. Ames (Degree or title) <i>Verner J. Ames</i>		22b. ADDRESS 926 E. 11th St. KC. Mo.	22c. DATE SIGNED 6-1-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 6-1-62	23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR Freeman Mortuary ADDRESS Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 6-1-62	26. REGISTRAR'S SIGNATURE Ruth H Long

USE BLACK INK OR TYPEWRITER RIBBON

THE AMES

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 Clayton A. Barnes

Licensed Embalmer No. 4793

P. O. Address K. C., 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.