FILED NOV 6 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE – MISSOURI DIVISION OF HEALTH

(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

124

STATE FILE NUMBER 68 0041420

DO NOT WRITE ON THIS STUB

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10a.	79
10b.	
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19. CREDITS	
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VS 300 Rev. 1/68

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 225

4. 0595

5. 1

DECEASED

1. DECEASED—NAME: FIRST FLO; MIDDLE ISABELL; LAST GANN
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): November 4 1968
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. SPECIFY): White
5a. AGE—LAST BIRTHDAY (YEARS): 79
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
5d. DATE OF BIRTH (MONTH, DAY, YEAR): December 31 1888
7a. COUNTY OF DEATH: Livingston
7b. CITY, TOWN, OR LOCATION OF DEATH: Chillicothe
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Chillicothe Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Missouri
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): None
12. SOCIAL SECURITY NUMBER: 487-14-7500
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Saleswoman
13b. KIND OF BUSINESS OR INDUSTRY: Ladies Ready to Wear

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0595

14a. RESIDENCE—STATE: Missouri
14b. COUNTY: Livingston
14c. CITY, TOWN, OR LOCATION: Chillicothe
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14e. STREET AND NUMBER: 720 Vine St.

PARENTS

15. FATHER—NAME: FIRST George; MIDDLE Fletcher; LAST Foster
16. MOTHER—MAIDEN NAME: FIRST Mary; MIDDLE; LAST Knifong

17a. INFORMANT—NAME: Mrs. Lorraine Smith
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Purdin, Missouri 64638

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a)	Pneumonia	24 hr.
DUE TO, OR AS A CONSEQUENCE OF: (b)	congestive heart failure	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF: (c)	Coronary occlusion	

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): V Remia.

19a. AUTOPSY (YES OR NO): No
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM: Sept 24 68
21b. TO: Nov 4 68
21c. AND LAST SAW HIM/HER ALIVE ON: Nov 4 68
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH: did not
21e. DEATH OCCURRED (HOUR): 2:35P M. AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH: 2:35 P.M.
22b. THE DECEDENT WAS PRONOUNCED DEAD: MONTH Nov DAY 4 YEAR 68 HOUR 2:35 P.M.

23a. CERTIFIER—NAME (TYPE OR PRINT): Joseph F GALE, M.D
23b. SIGNATURE: Joseph F. Gale DEGREE OR TITLE: M.D
23c. DATE SIGNED (MONTH, DAY, YEAR): Nov 5-68
23d. MAILING ADDRESS—CERTIFIER: STREET OR R.F.D. NO. 913 WEBSTER ST; CITY OR TOWN Chillicothe; STATE Mo; ZIP 64601

BUR

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: I.O.O.F. Cemetery
24c. LOCATION: CITY OR TOWN Linneus; STATE Missouri
24d. DATE (MONTH, DAY, YEAR): November 6, 1968
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Norman Funeral Home; Box 264; Chillicothe, Missouri 64601
25b. FUNERAL DIRECTOR—SIGNATURE: Elton Norman
26. REGISTRAR—SIGNATURE: Mildred D. Felt
26a. DATE RECEIVED BY LOCAL REGISTRAR: Nov. 5, 1968

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

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.