

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016413

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 37

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 17 1962

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		c. CITY OR TOWN Richmond	
Length of stay in 1b 15 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 207 Maple St.		d. STREET ADDRESS (If outside, give location) 207 Maple St.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) CLARENCE IRA GANT			4. DATE OF DEATH April 11, 1962		
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 1/11/1891		9. AGE (last birthday) 71		IF UNDER 1 YEAR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street car conductor -ret.		10b. KIND OF BUSINESS OR INDUSTRY Public transit		11. BIRTHPLACE (City and state or country) Rayville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
--	--	--	--	--	--	--	--

13a. FATHER'S NAME Lorenzo Gant		13b. MOTHER'S MAIDEN NAME Mattie Rimmer		14. NAME OF HUSBAND OR WIFE Never married	
---	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 500-22-0845		17. INFORMANT Raymond Gant, Hardin, Mo.		Address	
---	--	---	--	---	--	---------	--

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) Gunshot wound in right temple from a .38 caliber pistol		instant.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (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)		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 checked="" 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 never saw alive and last saw her/him alive on _____	
Death occurred at approximately 7 p. m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>Non Support</i> (Degree or title)		22b. ADDRESS Raymond Mo.		22c. DATE SIGNED 4-12-62	
--	--	------------------------------------	--	------------------------------------	--

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE April 11, 1962		23c. NAME OF CEMETERY OR CREMATORY Crowley Cemetery		23d. LOCATION (City, town, or county) Rayville, Mo.	
---	--	------------------------------------	--	---	--	---	--

24. FUNERAL DIRECTOR Thurman Funeral Home, Richmond, Mo.		25. DATE RECD. BY LOCAL REG. 4-22-1962		26. REGISTRAR'S SIGNATURE <i>Malul Jackson</i>	
--	--	--	--	---	--

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59	
1 0891	
2 0891	
3	
4 0	
5 0	
6	
7 0	
8 2	
9 976X	
10	
11	
12 90-3	
13 2-0	

APR 19 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,

oobox _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Levash Thurman _____

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.