

5. No. 300
v. 10.48

FILED JUN 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22349

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Peoria Washington Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo</u>	
c. LENGTH OF STAY (in this place) <u>7 years</u>		d. STREET ADDRESS (If rural, give location) <u>2315 East 30th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3 2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>	b. (Middle)	c. (Last) <u>Gahan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 9 1949</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>October 17, 1875</u>	9. AGE (In years last birthday) (Month) (Day) (Year) (Min.) <u>73</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railway Mail Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Postal Dept</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Patrick Gahan</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Brohard</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Gahan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp. #3 Nevada Mo</u>	ADDRESS <u>Nevada Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Paralysis of the Insane</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____		19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION <u>(none)</u>	19b. MAJOR FINDINGS OF OPERATION <u>_____</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>_____</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>_____</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>_____</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>_____</u>
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22. I hereby certify that I attended the deceased from June 1, 1946, to June 9, 1949, that I last saw the deceased alive on June 9, 1949, and that death occurred at 11 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Berich M.D.</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Nevada Mo</u>	23c. DATE SIGNED <u>June 9, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 10-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>_____</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 14, 1949</u>	REGISTRAR'S SIGNATURE <u>Ruthyn H. Yancey</u>	0331	25. FUNERAL DIRECTOR'S SIGNATURE <u>_____</u>	ADDRESS <u>_____</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

108
6
0

Mo.

JUL 14 1946

RECEIVED

District Health Officer No. 7

District File Number 549-158

Date Filed 6-20-49

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
Student Embalmer

Signed Marsh Eicheger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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 this body is not embalmed, fact should be so stated above.