

No. 300  
10-48

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33081**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5355 Registrar's No. 69

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dallas</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington township</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>0</u>   |  |
| c. LENGTH OF STAY (in this place) _____   |  | OR TOWN <u>Conway R#2 Washington Township</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>   |  | d. STREET ADDRESS (If rural, give location) <u>5 miles west of Conway, Mo.</u>  |  |

|  |            |             |           |  |
|--|------------|-------------|-----------|--|
| 3. NAME OF DECEASED (Type or Print) <u>DONALD LAYOUGHAN GANN</u> | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 29, 1950</u> |
|--|------------|-------------|-----------|--|

|                    |                               |   |                                      |   |  |  |
|--------------------|-------------------------------|---|--------------------------------------|---|--|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>May 14, 1928</u> | 9. AGE (in years last birthday) <u>22</u> | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 1 WK. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|--|--|

|   |  |   |  |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Labor</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u> | 11. BIRTHPLACE (State or foreign country) <u>Dallas County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|--|---|--|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <u>Everett Gann</u> | 13b. MOTHER'S MAIDEN NAME <u>Mattie Hedgepath</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
|--|---|---|

|  |   |   |                                |
|--|---|---|--------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>Jan. 10, 47 - Oct. 23, 47</u> | 16. SOCIAL SECURITY NO. <u>Unk. Known</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Everett Gann</u> | ADDRESS <u>Conway R#2, Mo.</u> |
|--|---|---|--------------------------------|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarcemia of</u>  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stomach.</u> |  |                                  |
|   | DUE TO (c) _____   |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  | <u>151X</u>                      |

|                              |  |   |
|------------------------------|--|---|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------------|--|---|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ |
|--|--|---|

|   |  |                                  |
|---|--|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
|---|--|----------------------------------|

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |                                |                                       |
|---|--------------------------------|---------------------------------------|
| 23a. SIGNATURE <u>W. J. Schick MD</u> (Degree or title) | 23b. ADDRESS <u>Unionia Mo</u> | 23c. DATE SIGNED <u>Oct. 25, 1950</u> |
|---|--------------------------------|---------------------------------------|

|   |                                |   |   |
|---|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Sept. 4, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Marlin Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>Dallas County, Mo.</u> |
|---|--------------------------------|---|---|

|  |   |   |                   |
|--|---|---|-------------------|
| DATE REC'D BY LOCAL REG. <u>10/28/50</u> | REGISTRAR'S SIGNATURE <u>Miss J. B. Jones</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur Bruce Marshall</u> | ADDRESS <u>Mo</u> |
|--|---|---|-------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED OCT 31 1950

Dist. File 1050-2213

Date Filed 10-31-50

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 Arthur Bruce

Licensed Embalmer No. 4723

P. O. Address Marshall, W. Va.

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.