

FILED FEB 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4312

State File No.

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4170 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>DEKALB</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DEKALB</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNION STAR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNION STAR MISSOURI</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>GEORGE</u>	b. (Middle) <u>MARIAN</u>	c. (Last) <u>GANOTE</u>	(Month) <u>FEB</u>	(Day) <u>10</u>	(Year) <u>1951</u>
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG 20 1858</u>	9. AGE (In years last birthday) <u>92</u>	# CHILDREN <u>5</u> YEAR <u>20</u> # WEEKS IN MILITARY <u>0</u> HOURS <u>0</u> MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTH PLACE (State or foreign country) <u>IND</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Geo. W GANOTE</u>	13b. MOTHER'S MAIDEN NAME <u>ROSANNA Hill</u>	14. NAME OF HUSBAND OR WIFE <u>VIAORA GANOTE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>O. C. Ganote</u> ADDRESS <u>Union Star Mo.</u>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>794X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Old Age</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>No Definite Disease</u>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

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) (Min.)	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 Jan 25, 1951, to Feb 10, 1951, that I last saw the deceased alive on Feb 1, 1951, and that death occurred at 2:20 A.M., from the causes and on the date stated above.

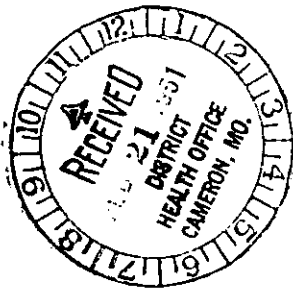
23a. SIGNATURE <u>O. C. Reynolds M.D.</u> (Degree or title)	23b. ADDRESS <u>Union Star Mo</u>	23c. DATE SIGNED <u>2-12-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 13, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION STAR</u>
24d. LOCATION (City, town, or county) (State) <u>UNION STAR MO</u>		

DATE REC'D BY LOCAL REG. <u>2-19-51</u>	REGISTRAR'S SIGNATURE <u>Roland D. Clark</u> <u>82</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland D. Clark</u> ADDRESS <u>King City, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0320

4320



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 Roland D. Clark

Licensed Embalmer No. 4477

P. O. Address King City, 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.