

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9764**

BIRTH NO. _____		REG. DIST. NO. 314		PRIMARY REG. DIST. NO. 6066		Registrar's No. 20	
1. PLACE OF DEATH a. COUNTY St. Clair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri ST. b. Clair			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN El Dorado Springs township)			c. LENGTH OF STAY (In this place) Most of	c. CITY (If outside corporate limits, write RURAL and give township) El Dorado Springs (Rural)			OR TOWN El Dorado Springs (Rural)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Roscoe Township				d. STREET ADDRESS (If rural, give location) Roscoe Township			
3. NAME OF DECEASED (Type or Print)		a. (First) John	b. (Middle) Kelly	c. (Last) Gann		4. DATE OF DEATH (Month) (Day) (Year) 3/29/1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 3/8/1863		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farm work		11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ben Bruce El Dorado Springs Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334X					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? No Injury			
22. I hereby certify that I attended the deceased from 3-12 , 19 51 , to 3-29 , 19 51 , that I last saw the deceased alive on 3-29 , 19 51 , and that death occurred at 5: A.M. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. Richardson				23b. ADDRESS Triffin, Mo.		23c. DATE SIGNED 3-29-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/31/1951	24c. NAME OF CEMETERY OR CREMATORY Pleasant Springs		24d. LOCATION (City, town, or county) (State) St. Clair County Mo.		
DATE REC'D BY LOCAL REG. 3-29-51		REGISTRAR'S SIGNATURE Paul Seavers		25. FUNERAL DIRECTOR'S SIGNATURE F.B. Goodrich		ADDRESS Osceola Mo	

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

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RECEIVED 4-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-10-51 _____

APR 21 1951

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 J.B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Preserve 44

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.