

FILED AUG 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26663

State File No.

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>Grundy</u> <u>0402</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u> <u>0402</u>	
c. LENGTH OF STAY (in this place) <u>53 years</u>		d. STREET ADDRESS (If rural, give location) <u>609 E. 8th Court, D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gullers Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LORA</u>	b. (Middle) <u>Leota</u>	c. (Last) <u>GANNADY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 26 51</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>MAR 30 1874</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Days <u>3</u>	IF UNDER 24 Hrs. Hours <u>26</u> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Education</u>	11. BIRTHPLACE (State or foreign country) <u>Grundy County, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>G.P. Brandon</u>		13b. MOTHER'S MAIDEN NAME <u>Lockey McCammon</u>	14. NAME OF HUSBAND OR WIFE <u>deceased.</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 ADDRESS <u>BRANDON CANNADY RFD1 Kenton Ohio</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the colon</u> INTERVAL BETWEEN ONSET AND DEATH <u>Indefinite</u> ANTECEDENT CAUSES Morbid 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.	
19a. DATE OF OPERATION <u>July 18-1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Hepatic Flexure of colon</u> <u>15.3 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>July 15, 1951</u> , to <u>July 26, 1951</u> , that I last saw the deceased alive on <u>July 26, 1951</u> , and that death occurred at <u>6:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L.H. Gullers M.D.</u>		23b. ADDRESS <u>Trenton Mo.</u>	23c. DATE SIGNED <u>7-27-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 28 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>AZAM Trenton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u>
DATE REC'D BY LOCAL REG. <u>July 28-51</u>	REGISTRAR'S SIGNATURE <u>Jeanne Jais</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Navis - Blackmore Trenton, Mo.</u>	

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

Dr. Gullers.

(Licensed Embalmer's Statement on Reverse Side)



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 _____

Ray E. Williamson

working under my personal supervision.

Student Embalmer No. 422

Signed *Ray E. Williamson*

Student Embalmer

Signed *Raymond A. Davis*

Licensed Embalmer No. 3424

P. O. Address renton 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.