

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 8 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **105**

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

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Mo.</b> b. COUNTY <b>DUNKLIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kenett</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KENETT</b>	
c. LENGTH OF STAY (in this place) <b>8 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Kenett City Gen. Del.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Delivery</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>(Bill) WILLIAM G</b> b. (Middle) <b>G</b> c. (Last) <b>GANES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 25 1951</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>COLORED</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>May 11 1870</b>		9. AGE (In years last birthday) <b>81</b>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) <b>Vicksburg, Miss</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. IF OVER 1 YEAR: Hours _____ Mins. _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HIRED HAND</b>		11. BIRTHPLACE (State or foreign country) <b>Vicksburg, Miss</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Samuel Harmon</b> ADDRESS <b>Goble, Mo.</b>			

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) <b>Coronary occlusion</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 Day</b>	
		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		19b. MAJOR FINDINGS OF OPERATION		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) m.		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 <b>Sept 3, 1951</b> to <b>Sept 4, 1951</b> , that I last saw the deceased alive on <b>Sept 4, 1951</b> , and that death occurred at <b>3:30 a. m.</b> , from the causes and on the date stated above.					

23a. SIGNATURE (Degree or title) <b>Julius Tawney, M.D.</b>		23b. ADDRESS <b>Kenett Mo.</b>		23c. DATE SIGNED <b>9-25-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-25-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Goble Cem.</b>	
		24d. LOCATION (City, town, or county) (State) <b>Goble Mo.</b>			

DATE REC'D BY LOCAL REG. <b>9-25-1951</b>		REGISTRAR'S SIGNATURE <b>Carl H. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl ...</b> ADDRESS <b>Kenett Mo.</b>	
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RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 9-26-51 .....  
COUNTY FILE NUMBER 951-253 .....

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.