

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32420

State File No. ....

SEP 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>260</u>		PRIMARY REG. DIST. NO. <u>4392</u>		Registrar's No. <u>6</u>		
1. PLACE OF DEATH a. COUNTY <u>OSAGE Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>OSAGE</u>				
b. CITY OR TOWN <u>Freeburg Mo</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Freeburg</u>		<u>0960</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeburg Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Mo</u>				
3. NAME OF DECEASED (Type or Print) <u>LOUISE</u>			a. (First)		b. (Middle)		c. (Last) <u>McGANN</u>	
4. DATE OF DEATH <u>SEPT-21-1952</u>		(Month) (Day) (Year)		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Aug-16-1865</u>		9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR: Months <u>1</u> Days <u>16</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>A W Rettig</u>		13b. MOTHER'S MAIDEN NAME <u>Appollonia PIERRE</u>		14. NAME OF HUSBAND OR WIFE <u>PETER Mc GANN</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Appollonia Price-Eubank-Mo</u> ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left Ventricular Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral Value Lesion</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>410X</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>9-20</u> , 19 <u>52</u> , to <u>9-20</u> , 19 <u>52</u> that I last saw the deceased alive on <u>9-20</u> , 19 <u>52</u> , and that death occurred at <u>8:15</u> Am., from the causes and on the date stated above.								
23a. SIGNATURE <u>W. H. Moore</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Arroyo, Mo.</u>		23c. DATE SIGNED <u>9-22-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 24 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holy Family</u>		24d. LOCATION (City, town, or county) (State) <u>Freeburg Mo</u>		
DATE REC'D BY LOCAL REG. <u>Sept 23-52</u>		REGISTRAR'S SIGNATURE <u>W. H. Moore</u> 2380-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Marton</u> ADDRESS <u>Freeburg Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

760  
1

3. No. 300  
7. 10.48

**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 Vernon M. Motta

Licensed Embalmer No. 425

P. O. Address Linn 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.