

5. No. 300
ev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37707

State File No.

NOV 24 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1179

0117
C

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

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>1110</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital			d. STREET ADDRESS (If rural, give location) Rt #5.		
3. NAME OF DECEASED (Type or Print) a. (First) Margaret			b. (Middle) Marie	c. (Last) Gann	4. DATE OF DEATH (Month) (Day) (Year) Nov. 11 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>2</u>	8. DATE OF BIRTH 7/20/1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR 3 Months
IF UNDER 1 YEAR 22 Days	IF UNDER 24 HRS. 0 Hours	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY Homes	11. BIRTHPLACE (State or foreign country) St. Joseph, Mo. <u>C</u>	
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Christopher Vendelboe		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Charles F. Gann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis F. Gann Rt #4, St. Joseph		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 3 weeks
This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Anterograde heart disease with	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive heart failure	DUE TO (c) Bronchial pneumonia	4-5 days	
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 4200	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>11-10, 1952</u> to <u>11-11, 1952</u> , that I last saw the deceased alive on <u>11-10, 1952</u> and that death occurred at <u>5:00 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Lester W. Ide M.D.</u> (Degree or title)			23b. ADDRESS <u>902 Edward St. Joseph, Mo</u>	23c. DATE SIGNED <u>11-13-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/13/52	24c. NAME OF CEMETERY OR CREMATORY Sparta Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Mo		
DATE REC'D BY LOCAL REG. Nov 17, 1952	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	FUNERAL DIRECTOR'S SIGNATURE <u>John G. Kupp</u>	ADDRESS St. Joseph, Mo		

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Albin E. Bagan

Licensed Embalmer No. 4795

P. O. Address St. Joseph, 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.