

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **80**

FILED JAN 25 1954

BIRTH NO. _____ REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **4025** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY OR TOWN Wheaton		c. CITY OR TOWN Fairview 0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheaton-Hospital		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Laura	b. (Middle) Belle	c. (Last) Ghan	Jan-12-54		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov-9-1977	9. AGE (In years last birthday) 76	# UNDER 1 YEAR 2 # UNDER 1 MONTH 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jessie Christopher	13b. MOTHER'S MAIDEN NAME Francis Keen	14. NAME OF HUSBAND OR WIFE Benza Ghan
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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 Marvin McCullah	ADDRESS Wheaton Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral anoxia		INTERVAL BETWEEN ONSET AND DEATH 2 hours.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial decompensation			2 weeks.
	DUE TO (c) Cardio-renal-hepatic syndrome			3 years.
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 442X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 **10/12, 1950, to 1/12, 1954**, that I last saw the deceased alive on **1/12, 1954**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Fred R. Clark D.O.	23b. ADDRESS Wheaton, Missouri	23c. DATE SIGNED 1/12/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan-14-1954	24c. NAME OF CEMETERY OR CREMATORY Jolly Cemetery	24d. LOCATION (City, town, or county) (State) Barry Co. - Missouri
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DATE REC'D BY LOCAL REG. 1-19-1954	REGISTRAR'S SIGNATURE Gran Williams	25. FUNERAL DIRECTOR'S SIGNATURE McQueen Funeral Home	ADDRESS Wheaton Mo.
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No. 300
10.48
0050

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

7425 5 13

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: Elmer Triplett

Licensed Embalmer No. 4817

P. O. Address Cassville 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.