

FILED JUL 7 1954

STANDARD CERTIFICATE OF DEATH

State File No. 18137

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5148 Registrar's No. 21

1. PLACE OF DEATH
 a. COUNTY **Caldwell**
 b. CITY (If outside corporate limits, write RURAL and give town) **Rural Lincoln**
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **Caldwell**
 c. CITY (If outside corporate limits, write RURAL and give township) **Cowgill, Mo. (rural)**
 d. STREET ADDRESS _____ (If rural, give location)

3. NAME OF DECEASED
 a. (First) **Cora** b. (Middle) **B** c. (Last) **Gant**
 4. DATE OF DEATH (Month) **June** (Day) **24** (Year) **1954**

5. SEX **F** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
 8. DATE OF BIRTH **August 14-1875** 9. AGE (years last birthday) **78** 10. **10** 11. BIRTHPLACE (State or foreign country) **Barnard, Missouri.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**
 10b. KIND OF BUSINESS OR INDUSTRY **Own Home**
 13a. FATHER'S NAME **Jasper Jamison** 13b. MOTHER'S MAIDEN NAME **Celia Stevens** 14. NAME OF HUSBAND OR WIFE **Napoleon Newton Gant**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Mrs Celia Howard** ADDRESS **Cowgill, Mo.**

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic Myocarditis**
 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 NO

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) **4222** (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from **April 1st, 1954**, to **June 24, 1954**, that I last saw the deceased alive on **June 22, 1954**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **O. Kilbourn, M.D.** (Degree or title) 23b. ADDRESS **Cowgill, Mo.** 23c. DATE SIGNED **6-25-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 25-54** 24c. NAME OF CEMETERY OR CREMATORY **Cowgill Cemetery** 24d. LOCATION (City, town, or county) **Cowgill, MO.** (State) _____

DATE REC'D BY LOCAL REG. **7-3-54** REGISTRAR'S SIGNATURE **Thos. Lutz** 25. FUNERAL DIRECTOR'S SIGNATURE **Cramer Clark** ADDRESS **Kingston, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

01320

1901 F 9 700

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

Cramer Clark

Signed.....

Student Embalmer

Licensed Embalmer No. 3257

P. O. Address Kingston, Missouri

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.