

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

836

BIRTH NO. _____ REG. DIST. NO. 19 PRIMARY REG. DIST. NO. 4172 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Dekalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dekalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stewartsville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stewartsville</u>	
c. LENGTH OF STAY (In this place) <u>2 Yrs.</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>Cordelia</u>	a. (First)	b. (Middle) <u>***</u>	c. (Last) <u>Mc Gann</u>	4. DATE OF DEATH (Month) / (Day) / (Year) <u>1 / 16 / 56</u>
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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>Apr. 9, 1866</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Danville, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>David Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Russell</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas Mc Gann</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Inella Copmans, Stewartsville</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		
	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 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)
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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?
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22. I hereby certify that I attended the deceased from 12-23, 1955 to Feb, 1956, that I last saw the deceased alive on 1/16/56, 1956, and that death occurred at 8:30 PM from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Dwyer D.O.</u> (Degree or title)	23b. ADDRESS <u>Stewartsville, Mo</u>	23c. DATE SIGNED <u>Jan 17, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/19/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-20-56</u>	REGISTRAR'S SIGNATURE <u>Keith N. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.E. Summerhead, Stewartsville, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

W.E. Sumner

Licensed Embalmer No. 3007

P. O. Address

Sturtevantville, N.C.

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.