

FILED DEC 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

39010

Registration District No. 276 Primary Registration District No. 2945 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. FRANCOIS</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural - N. Dillon</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ESTHER, MOORE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Terndale Rest Home</u>			Length of stay in lb <u>1 1/2 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>←</u>
3. NAME OF DECEASED (Type or print) <u>Ida Elizabeth GANN</u>			4. DATE OF DEATH <u>Dec. 2, 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 16, 1884</u>	9. AGE (In years last birthday) <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housew.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>←</u>	11. BIRTHPLACE (City and state or country) <u>Iron Mt., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Wm L. Setzer</u>			14. MOTHER'S MAIDEN NAME <u>Susie Durham</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>←</u>	17. INFORMANT <u>Arch Setzer - Esther, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>0</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u>					<u>3 years</u>
DUE TO (c) <u>Myocarditis, Nephritis,</u>					<u>6 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>331X</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>3-24-55</u> to <u>12-2-1956</u> and last saw <u>her</u> alive on <u>11-29-56</u> Death occurred at <u>2:55 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>C.V. Hammler, M.D.</u>			22b. ADDRESS <u>St. James Wv.</u>		22c. DATE SIGNED <u>12-3-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial in Terndale</u>		23b. DATE <u>Dec. 5-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Bonne Terre, MO</u>
24. FUNERAL DIRECTOR <u>Hood Funeral Home - Esther, Mo</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>12-3-1956</u>	26. REGISTRAR'S SIGNATURE <u>Ruth O. Powell</u>	

RECEIVED

Phelps County Health Officer,

County File Number 590

Date Filed 12/9/56

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 me, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gene E. Liebke

Licensed Embalmer No. 35

P. O. Address St. James

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.