

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14076

State File No. ....

FILED MAY 6 - 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Stella</b>		c. CITY OR TOWN <b>Wheaton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>14 days</b>		e. STREET ADDRESS (If rural, give location) <b>DO 5 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cardwell Memorial Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>Columbus</b> c. (Last) <b>Ghan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 15 1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 1 1874</b>
9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>14</b>	IF UNDER 24 HRS. Hours <b>1</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Tennessee</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Daniel Ghan</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Narrell</b>	14. NAME OF HUSBAND OR WIFE <b>Addie M. Ghan (Deceased)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-28-3052</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Marce L. McCullah Wheaton, Mo.</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>My astuteic Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary - Vascular accident</b> DUE TO (c) <b>My pneumonia</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>no other</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b>		DUE TO (b) <b>10 days</b>	
DUE TO (c) <b>1 yr</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>		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 <b>April 13, 1957, to April 15, 1957</b> , that I last saw the deceased alive on <b>April 15<sup>th</sup> 1957</b> , and that death occurred at <b>3:35 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>D. Lawson D.D.</b>		23b. ADDRESS <b>Stella Mo.</b>	23c. DATE SIGNED <b>4-16-57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-17-1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Muncie Chapel Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>2 Mi. N. Wheaton, Mo.</b>
DATE REC'D BY LOCAL REG. <b>4-18-57</b>	REGISTRAR'S SIGNATURE <b>Medea Moberly</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm Morris Pope Wheaton Mo</b>	

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

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**RECEIVED**

District Health Officer No. Newton

District File Number 457-100

Date Filed APR 29 1957

**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.....  
Signature of Student Embalmer

Signed James Kenneth Duncanson

Licensed Embalmer No. 4767

P. O. Address Wheaton

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.