

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31638
STATE FILE NUMBER

FILED SEP 16 1957

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRANDSVILLE		c. CITY OR TOWN BRANDSVILLE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION X X		d. STREET ADDRESS R F D	
3. NAME OF DECEASED (Type or print) HILA HILDA GANNON		4. DATE OF DEATH 8-17-57	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 18-15-16 3-20-16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY X X	11. BIRTHPLACE (City and state or country) IOWA
13a. FATHER'S NAME GEORGE BROWN		13b. MOTHER'S MAIDEN NAME CLARA GIBBS	14. NAME OF HUSBAND OR WIFE CLAUDE GANNON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. YES	17. INFORMANT Address CLAUDE GANNON, BRANDSVILLE, MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Rheumatic carditis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 416X			INTERVAL BETWEEN ONSET AND DEATH 10 minutes 15 years
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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1955 to Aug. 1957 and last saw her alive on 8/15/57 Death occurred at 4:00 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. L. Fowler M.D. (Degree or title)		22b. ADDRESS West Plains, Mo.	
		22c. DATE SIGNED 8/31/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 8-19-57	
		23c. NAME OF CEMETERY OR CREMATORY UNION HILL	
		23d. LOCATION (City, town, or county) (State) BRANDSVILLE, MO	
24. FUNERAL DIRECTOR ROBERTSONS, WEST PLAINS, MO		25. DATE RECD. BY LOCAL REG. 9-9-57	
		26. REGISTRAR'S SIGNATURE Beatrice Cook	

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *A. Roberts*

Licensed Embalmer No. *343*

P. O. Address *West Hill*

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.