ept. Health,
c., & Welfare
J. S. Public
alth Service

V. S. 300
Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36500
STATE FILE NUMBER

FILED OCT 22 1957

Registration District No. 170 Primary Registration District No. 4264 Registrar's No. 168

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Conway — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Conway, Mo. — Length of stay in 1b 9 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Laclede
c. CITY OR TOWN Conway, Mo. — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS — (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Neal Middle: C. Last: Gann
4. DATE OF DEATH Month: Oct. Day: 10 Year: 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Feb. 12, 1877
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months 7 Days 28 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Dallas Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Thomas Gann
13b. MOTHER'S MAIDEN NAME Rebecca Alley
14. NAME OF HUSBAND OR WIFE Ada Gann
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Lou Gann Address Conway, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Angina Pectoris
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) —
DUE TO (c) —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4202
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Mar 1 57, to 10-10-1957 and last saw her him alive on 10-10-1957
Death occurred at 10 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. W. Lindsay (Degree or title) M.D.
22b. ADDRESS Conway Mo
22c. DATE SIGNED 10-16-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-12-1957
23c. NAME OF CEMETERY OR CREMATORY Gann Cem.
23d. LOCATION (City, town, or county) (State) Dallas Co. Mo.

24. FUNERAL DIRECTOR Montgomery Funeral Home ADDRESS Buffalo Mo.
25. DATE RECD. BY LOCAL REG. 10-16-1957
26. REGISTRAR'S SIGNATURE Nella L. Hay

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

424-0

OCT 30 1957

Received 10-21-57

Laclede County Health Unit

File No. 168

Date Filed 10-21-57

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 Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, Mo.

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.