. Health,
& Welfare
. Public
h Service

. 300
. 1-56 O

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022819
STATE FILE NUMBER

FILED JUN 18 1958 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rolla — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Phelps Co. Memorial Hosp — Length of stay in 1b

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

3. NAME OF DECEASED (Type or print): First: George Middle: Bryon Last: Gan

4. DATE OF DEATH: Month: June Day: 9 Year: 1958

5. SEX: Male O

6. COLOR OR RACE: White

7. MARRIED X **NEVER MARRIED** ☐ **WIDOWED** ☐ / **DIVORCED** ☐

8. DATE OF BIRTH: Dec 10, 1910

9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months: 5 Days: 29 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St. Louis, Missouri O

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George B. Gan

14. MOTHER'S MAIDEN NAME: Stella Southerland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 486-16-0359

17. INFORMANT Address: Elwanda Gan, St. James, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Vascular Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2-3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute Myocardial Strain — 1 month
DUE TO (c) Chronic Rheumatic Valvulitis — 20 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 414X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 2

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 6/9/58, to 6/9/58 and last saw ~~her~~ him alive on 6/8/58
Death occurred at 11:55 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Samuel C. Bonney M. D.
22b. ADDRESS: Stricker Clinic St. Louis Mo
22c. DATE SIGNED: 6/11/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 12 1958
23c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
23d. LOCATION (City, town, or county) (State): St. James, Missouri

24. FUNERAL DIRECTOR: Jesse Gahl — ADDRESS: St. James, Mo.
25. DATE RECD. BY LOCAL REG.: June 11, 1958
26. REGISTRAR'S SIGNATURE: Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

JUL 9 - 1958

RECEIVED
Phelps County Health Officer,
County File Number 1063
Date Filed JUL 17 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C. Jesse Gah

Licensed Embalmer No. 448

P. O. Address St. Jame

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.