

Health,  
& Welfare  
Public  
Service

Please Print.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033785  
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 280 Primary Registration District No. 6964 Registrar's No. 71

S. 300  
v. 1-57

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Parkville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u> 3128		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>Weatherby Lake</u>			Length of stay in lb <u>6 hrs</u>		d. STREET ADDRESS <u>219 West 9th St. (Station)</u> <u>Sway Hotel</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <u>Freddie</u> Middle <u>Marion</u> Last <u>Gann</u>				4. DATE OF DEATH Month <u>Sept</u> Day <u>20</u> Year <u>1958</u>										
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 20 1920</u>		9. AGE (In years at birthday) <u>38</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) <u>Clerk</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Drug Co.</u>		11. BIRTHPLACE (City and state or country) <u>Davenport Ia</u>				12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME <u>Marvin Gann</u>				13b. MOTHER'S MAIDEN NAME <u>Hallie ? Gann</u>				14. NAME OF HUSBAND OR WIFE						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, (Specify) (If yes, state kind or grade of service) <u>W.V. II</u>				16. SOCIAL SECURITY NO. <u>510-12-4793</u>		17. INFORMANT <u>Hallie Gann</u>				Address <u>Cherokee, Kan.</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>Accidental Drowning</u>										INTERVAL BETWEEN ONSET AND DEATH				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Boat Overturned</u>										850X				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>42</u>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20a. ACCIDENT <input checked="" 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 _____ a.m. _____ p.m. Month _____ Day _____ Year _____			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 <u>083</u>				COUNTY				STATE			
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>Approx 8:15 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE <u>Roland M. Giffie, Coroner</u> (Degree or title)						22b. ADDRESS <u>Platte City, Mo.</u>				22c. DATE SIGNED <u>9-20-58</u>				
23a. BURIAL, CREMATION, or REMOVAL (Specify)				23b. DATE <u>Sept 24-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cherokee Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Cherokee, Kansas</u>				
24. FUNERAL DIRECTOR <u>Geo F Brenner</u>				ADDRESS <u>Pittsburg Kan.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 23-58</u>		26. REGISTRAR'S SIGNATURE <u>Alphia Rollins</u>						

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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 *Ieland G. Francis* .....

*401 Main St*  
 Licensed Embalmer No. *3451* .....

P. O. Address *Parkville 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.