

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017449

STATE FILE NUMBER

FILED JUN 8 1959

Registration District No. 132 Primary Registration District No. 302 Registrar's No. 97

300
1-57

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		c. CITY OR TOWN Trenton	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Cullers Hospital		d. STREET ADDRESS (If outside, give location) 908 Main St.	
Length of stay in lb 1 week		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last (Type or print) INA ANN MAYSELL GANNON			4. DATE OF DEATH Month Day Year May 26, 1959
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Sept 11, 1915
9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY food plant	11. BIRTHPLACE (City and state or country) Mercer County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Oral Albey Gannon	
13b. MOTHER'S MAIDEN NAME Daisey Florence Cooksey		14. NAME OF HUSBAND OR WIFE xxxxx	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 491-30-1645	
17. INFORMANT Herahel Gannon, Trenton, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of Liver DUE TO (b) Probable alcoholism DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5811			INTERVAL BETWEEN ONSET AND DEATH 1 M
19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <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 Death occurred at May 12 59, to May 26 59 and last saw her alive on May 25, 59 2:05 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. J. Maisey M.D. (Degree or title)		22b. ADDRESS Trenton Mo	
22c. DATE SIGNED 5/24/59		22d. STATE (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 28, 1959	
23c. NAME OF CEMETERY OR CREMATORY Otterbein Cemetery		23d. LOCATION (City, town, or county) Mercer County, Mo.	
24. FUNERAL DIRECTOR Donald H. Slater Trenton, Mo.		25. DATE RECD. BY LOCAL REG. 5/28/59	
26. REGISTRAR'S SIGNATURE Irene Saw			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Donald H. Slater*

Licensed Embalmer No. 4467.....
P. O. Address Trenton, 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.