

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
 FILED VS JAN 19 1960

**=60-000858**  
 STATE FILE NUMBER

Registration District No. 096 Primary Registration District No. \_\_\_\_\_ Registrar's No. 05

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Dallas</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Buffalo</u> Length of stay in 1b <u>Life</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>all Benton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u> c. CITY OR TOWN <u>Buffalo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>all Benton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>3. NAME OF DECEASED</b> (Type or print) First <u>NELLIE</u> Middle _____ Last <u>GANN</u>			<b>4. DATE OF DEATH</b> Month <u>Jan.</u> Day <u>2</u> Year <u>1960</u>			
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Jan 10 1885</u>	<b>9. AGE (last birthday)</b> <u>74 yrs</u>	<b>IF UNDER 1 YEAR</b> Months <u>01</u> Days <u>22</u>	<b>IF UNDER 24 HR</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Housework</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Dallas Co. Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.</u>
<b>13a. FATHER'S NAME</b> <u>J.B. Quilkenon</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Frances Delaney</u>		<b>14. NAME OF HUSBAND OR WIFE</b> _____		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> _____		<b>17. INFORMANT</b> <u>Mrs Opal Maddox</u> Address <u>Buffalo Mo</u>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO (b) <u>Valvular Heart dis &amp; Decompensation</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>4-5 d</u>  <u>10 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)		
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b> _____ <b>STATE</b> _____		
<b>21. I attended the deceased from</b> <u>1948</u> to <u>2 Jan 60</u> and last saw her <sup>her</sup> <sub>last</sub> alive on <u>2 Jan 60</u> Death occurred at <u>10:30 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> <u>A. Griffin MD</u> (Degree or title)			<b>22b. ADDRESS</b> <u>Buffalo Mo</u>		<b>22c. DATE SIGNED</b> <u>1-7-60</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>Jan 4, 1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Gann cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Dallas Co. Mo.</u>		
<b>24. FUNERAL DIRECTOR</b> <u>Jones Funeral Home</u> ADDRESS <u>Buffalo Mo</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>1/16/60</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Mrs Vera Petree</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by one, Student Embalmer No. ✓  
working under my personal supervision.

Student ✓  
Signature of Student Embalmer

Signed R. E. Cheatham

Licensed Embalmer No. 3813

P. O. Address Buffalo,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.