

# R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## 60-013915

**FILED VS MAR 29 1960** 353

Registration District No. \_\_\_\_\_ Primary Registration District No. 6196 Registrar's No. \_\_\_\_\_

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Texas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <b>Mo.</b> b. COUNTY <b>Texas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sherril twp.</b>		Length of stay in 1b <b>20 min.</b>	c. CITY OR TOWN <b>Burdine twp.</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6 miles So. Licking</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5 mi. NE Cabool</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Ward</b> Last <b>Gan</b>		4. DATE OF DEATH Month <b>3</b> Day <b>19</b> Year <b>60</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-7-1917</b>
9. AGE (last birthday) <b>43</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Oil Trans. Driver</b>	11. BIRTHPLACE (City and state or country) <b>Bloodland, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Marion Gan</b>	
13b. MOTHER'S MAIDEN NAME <b>Ada Madden</b>		14. NAME OF HUSBAND OR WIFE <b>Hazel Gan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>337-12-5008</b>	17. INFORMANT Address <b>Hazel Gan, Cabool, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>crushed chest</b> DUE TO (b) <b>truck accident</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)			INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>
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"/> N- <input type="checkbox"/> Unknown
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.) <b>Truck left road-trailer overturned on trac-</b>	
20c. TIME OF INJURY Hour <b>1:10</b> a.m. _____ p.m. _____ Month, Day, Year <b>3-19-60</b>	tor causing fatal injuries.		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>Highway 63</b>	20f. CITY, TOWN, OR LOCATION <b>Sherril twp., Texas, Mo.</b>	COUNTY _____ STATE _____
21. I attended the deceased from <b>3-19-60</b> to _____ and last saw her/him alive on _____ Death occurred at <b>approx. 1:10 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>James Gentry</b> (Degree or title) <b>Coroner</b>		22b. ADDRESS <b>Cabool, Mo.</b>	22c. DATE SIGNED <b>3-20-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-22-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cabool Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Cabool, Missouri</b>
24. FUNERAL DIRECTOR <b>Elliott Gentry, Cabool, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-29-60</b>	26. REGISTRAR'S SIGNATURE <b>Hesterd wife m</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAR 8 0 1960

VS MAR 20 1960  
APR 20 1960

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James L. Bentley

Licensed Embalmer No. 4718

P. O. Address Cabool, 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.