

FILED JUN 4 1951

STANDARD CERTIFICATE OF DEATH

State File No. **15529**

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>5042</u>		Registrar's No. <u>40</u>		
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		d. STREET ADDRESS (If rural, give location) <u>Fairview, Missouri R#</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1951</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Sanford</u> c. (Last) <u>Ghan</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH <u>Dec. 7 1899</u>		9. AGE (In years) (Months) (Days) (Hours) (Mins.) <u>52 5 7</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Ghan</u>			13b. MOTHER'S MAIDEN NAME <u>Not known</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Ghan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Ghan</u> ADDRESS <u>Fairview, Mo. R#</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Heart Attack</u>				INTERVAL BETWEEN ONSET AND DEATH				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>This man was sick</u>				
				DUE TO (c) <u>only a few minutes and was dead when I saw him</u>				
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>Which was only a few minutes after attack</u>				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: <u>Which was only a few minutes after attack</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4343</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Wed Not attend</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 13, 1951</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>O.S. McCall M.D.</u>				23b. ADDRESS <u>Wheeler Mo.</u>		23c. DATE SIGNED <u>5-17-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/18/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Muncie Chapel Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Fairview, Mo. R#</u>		
DATE REC'D BY LOCAL REG. <u>May 21-1951</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm Morris Pope</u> ADDRESS <u>Wheeler Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

0050

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED MAY 28 1961

Dist. File 227-9201

Date Filed 5-28-61

SEP 13 1961

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
Student Embalmer

Signed James Kenneth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton, 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 this body is not embalmed, fact should be so stated above.