

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043550
State File No.

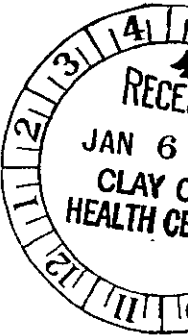
FILED JAN 8 1959

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY OR TOWN <u>Liberty 6006</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>403 n. grover st</u>			e. STREET ADDRESS (If rural, give location) <u>403 n grover</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LIBBIAN</u> b. (Middle) <u>SUE</u> c. (Last) <u>GANTT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 31-58</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>3</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>mar 13 1914</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <u>44</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Liberty mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Eliegha Slaughter</u>		13b. MOTHER'S MAIDEN NAME <u>William Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>Martin Gantt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sue Robinson - Liberty mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) <u>Pregnancy & Delivery of her 16th child</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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>6606</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>Dec 31</u> , 19 <u>58</u> , to <u>Death</u> , 19 <u> </u> , that I last saw the deceased alive on <u>Dec 31</u> , 19 <u>58</u> , and that death occurred at <u>8 A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm H. Goodson M.D.</u>			23b. ADDRESS <u>Liberty mo</u>		23c. DATE SIGNED <u>1/4/59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 2-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Garrison</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty mo</u>	
DATE REC'D BY LOCAL REG. <u>1-3-59</u>		REGISTRAR'S SIGNATURE <u>Mabel Strahan</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Church Avenue Co Liberty mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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.....

Licensed Embalmer No. 44

P. O. Address A. Chester

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.