

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19264

State File No. ....

FILED JUL 1 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3024 Registrar's No. 69

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>PLAZA HOTEL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Robert</u>		b. (Middle) <u>E.</u>	
c. (Last) <u>GARSCADIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 3 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 25 1877</u>
9. AGE (In years last birthday) <u>71</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>TRENTON, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Conductor</u>	13a. FATHER'S NAME <u>R.O. GARSCADIN</u>	13b. MOTHER'S MAIDEN NAME <u>MARIA Louisa Smith</u>	14. NAME OF HUSBAND OR WIFE <u>GORA JONES GARSCADIN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>Spain with American</u>	16. SOCIAL SECURITY NO. <u>708-14-3929</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louise Brummitt</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Do not know</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial asthma</u> <u>1 year</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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>Sept 1st, 1948</u> , to <u>May 3rd, 1949</u> , that I last saw the deceased alive on <u>May 3rd, 1949</u> , and that death occurred at <u>5:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Clara T. Bulky, M.D.</u>		23b. ADDRESS <u>Trenton, Mo</u>	
23c. DATE SIGNED <u>May 5, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 5 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>	24d. LOCATION (City, town, or county) <u>TRENTON, MO.</u>
DATE REC'D BY LOCAL REG. <u>5/5/1949</u>	REGISTRAR'S SIGNATURE <u>J. Gordon Blackmore</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>J. Gordon Blackmore</u>	
		ADDRESS <u>Trenton, Mo.</u>	

JUN 6 1949

JUL 5 1949

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.

Signed \_\_\_\_\_

*J. Gordon Blackmer*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4602

P. O. Address Stanton, 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.