

FILED SEP 6 1949

STANDARD CERTIFICATE OF DEATH

State File No. 27260

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Leetan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Keith's Nursing home</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. Leetan</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Calvin</u> b. (Middle) <u>Marvose</u> c. (Last) <u>Garvey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 21, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 20, 1860</u>
9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Garvey</u>		13b. MOTHER'S MAIDEN NAME <u>Hanna Wyatt</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hellen Garvey</u> ADDRESS <u>Leetan, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Cerebral hemorrhage</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>1 yr 2 mo.</u> <u>23 1/2</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) _____		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) (Min.) _____		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>8-1-1945</u> to <u>Aug 21, 1949</u> that I last saw the deceased alive on <u>8-21, 1949</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. Lee Cooper, M.D.</u> (Degree or title)		23b. ADDRESS <u>Warrensburg, Mo.</u>	
23c. DATE SIGNED <u>8/23/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-26-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mineral Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Leetan Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 23, 1949</u>		REGISTRAR'S SIGNATURE <u>Sarah M. Hutchfield</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>R. L. Bruninger</u>		ADDRESS <u>Warrensburg, Mo.</u>	

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

