

FILED SEP. 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 272277BIRTH NO. 58920-49 REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4238 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Knot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>52</u>	
c. LENGTH OF STAY (in this place) <u>3 hr.</u>		d. STREET ADDRESS (If rural, give location) <u>"</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital</u>		e. ADDRESS <u>"</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Janet</u>	b. (Middle) <u>Christene</u>	c. (Last) <u>Garner</u>	(Month) <u>August</u>	(Day) <u>24</u>	(Year) <u>1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>August 24th</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) <u>Maywood, Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Howard Edward Garner</u>	13b. MOTHER'S MAIDEN NAME <u>Maxine Christen Coleman</u>	14. NAME OF HUSBAND OR WIFE <u>Howard Garner</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME: <u>Mrs. Maxine Garner</u> ADDRESS <u>Maywood</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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth (Child was born at 28 weeks of pregnancy.)</u>	DUE TO (b) _____		<u>5 1/2 hr.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>776X</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) (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 Aug. 24, 1949 to Aug. 24, 1949, that I last saw the deceased alive on Aug. 24, 1949, and that death occurred at 2:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry L. M. Grobman D.O.</u>	23b. ADDRESS <u>La Belle, Missouri</u>	23c. DATE SIGNED <u>8/26/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Aug. 25-49</u>	24b. DATE <u>Aug. 25-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Durham</u>
24d. LOCATION (City, town, or county) (State) <u>Durham Lewis Co. - Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u>	ADDRESS <u>Ewing, Mo</u>
DATE REC'D BY LOCAL REG. <u>Aug. 25-49</u>	REGISTRAR'S SIGNATURE <u>Neil S. Nunis</u>	51

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 6

RECEIVED
District Health Officer
District File Number 9-49
Date Filed SEP 6 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.

Student
Student Embalmer

Signed Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.