

FILED DEC 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41981

State File No.

80

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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>438</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>13 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		d. STREET ADDRESS (If rural, give location) <u>501 No Stewart</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bathwell Hosp</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susanna</u>		b. (Middle) <u>Garber</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 14, 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>March 14, 1865</u>		9. AGE (In years last birthday) 84 # UNDER 1 YEAR: 9 Months # UNDER 6 HRS: 0 Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Perry, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Garber</u>		13b. MOTHER'S MAIDEN NAME <u>Susanna Beedley</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, unless unknown) (If yes, state war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. G. W. Withrow - 501 N. Stewart</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolism, coronary.</u> ANTECEDENT CAUSES DUE TO (b) <u>Intra-capsular fracture, neck of left femur, Oct. 23, 1949, by a fall to floor of home.</u> DUE TO (c) <u>Vertigo, incoordination.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension, arterio-sclerosis, marked. Senile changes.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden.</u>	
19a. DATE OF OPERATION <u>None.</u>		19b. MAJOR FINDINGS OF OPERATION <u>No operation.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Neither.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia, Pettis, Missouri.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>See above.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell to floor of her home</u>			
22. I hereby certify that I attended the deceased from <u>October 25, 1948</u> , 19____, that I last saw the deceased alive on <u>December 13, 1949</u> , and that death occurred at <u>4:35 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. L. Prader, M.D.</u>				23b. ADDRESS <u>112 West 4th Street, Sedalia, Mo.</u>		23c. DATE SIGNED <u>Dec, 14, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>12-15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Burialland</u>		24d. LOCATION (City, town, or county) (State) <u>Auburn, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>12-15-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Laughlin Bros</u>		ADDRESS <u>Sedalia</u>	

RECEIVED DEC 19

District Health Officer No. 8,

District File Number _____

Date Filed 12-21-49

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 R.P.M. Crary

Licensed Embalmer No. 3153

P. O. Address Dedalee

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.