

No. 300
10. 48

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16380

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4193 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Indiana b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hermann		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elwood	
c. LENGTH OF STAY (In this place) 5 days		8130	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hermann City Park		d. STREET ADDRESS (If rural, give location) 1225 N. 10th St	

3. NAME OF DECEASED (Type or Print) a. (First) CLYDE b. (Middle) O. c. (Last) GARMAN			4. DATE OF DEATH (Month) (Day) (Year) May 28 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Unkown	9. AGE (In years last birthday) About 65	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Concession Mgr		10b. KIND OF BUSINESS OR INDUSTRY Show business	11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY? US	

13a. FATHER'S NAME William Garman	13b. MOTHER'S MAIDEN NAME Elizabeth Carr	14. NAME OF HUSBAND OR WIFE Unkown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, type or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unkown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Della Gillam, Elwood, Indiana
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SUDDEN DEATH WHILE STRAINING AT		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) STOOL IN PUBLIC TOILET - DUE TO (c) PROBABLY CARDIAC DEATH		4343
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. REPORTED TO HAVE HAD "HEART			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION DISEASE"	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from 5-28, 1950, to 5-28, 1950, that I did not see alive on _____, 19____, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carol T. Shaw, MD	23b. ADDRESS Hermann, Mo	23c. DATE SIGNED 5-31-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 2-1950	24c. NAME OF CEMETERY OR CREMATORY Hermann City Cemetery	24d. LOCATION (City, town, or county) (State) Hermann, Mo
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DATE RECD BY LOCAL REG. 5/30/50	REGISTRAR'S SIGNATURE [Signature]	FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Hermann, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 6 1968
District Health Officer No. 9,
District File Number

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 _____

Hugo W. Blum

Signed _____
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.