

FILED JUL 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22748**

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 205

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisburg</u> <u>0300</u> | |
| c. LENGTH OF STAY (in this place) <u>31 da.</u> | | d. STREET ADDRESS (If rural, give location) <u>Star Route</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellis Fischel State Cancer Hosp.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Wayne Ernest</u> b. (Middle) <u>Garzee</u> c. (Last) _____ | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7 13 1950</u> | |
| 5. SEX <u>m</u> | 6. COLOR OR RACE <u>w</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>8-4-1914</u> |
| 9. AGE (In years last birthday) <u>35</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mechanic</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Mech.</u> | 11. BIRTHPLACE (State or foreign country) <u>Clay County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Harry Garzee</u> | 13b. MOTHER'S MAIDEN NAME <u>Maggie Wintrey</u> | 14. NAME OF HUSBAND OR WIFE <u>Bessie Garzee</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u> | 16. SOCIAL SECURITY NO. <u>486-09-2386</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Record</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. | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE LEUKEMIA</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 mos.</u> | |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>2043</u> | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____ | 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>JUNE 12, 1950</u> , to <u>JULY 13, 1950</u> , that I last saw the deceased alive on <u>JULY 13, 1950</u> , and that death occurred at <u>2:10 a.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>D. Allan Gay, M.D.</u> | | 23b. ADDRESS <u>Cancer Hospital - Columbia, Mo.</u> | 23c. DATE SIGNED <u>7-13-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | 24b. DATE <u>July 16 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>De Witt</u> | 24d. LOCATION (City, town, or county) (State) <u>De Witt Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>July 22 1950</u> | REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u> | 31 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funeral Home 311</u> |

(Licensed Embalmer's Statement on Reverse Side)

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

104

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RECEIVED 9-25-57
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-25-57

SEP 20 1950

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 *(Handwritten)*
L B Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo 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.