

FILED MAY 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11411

0013
0

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

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 113	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (in this place) years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		0013 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital				d. STREET ADDRESS (If rural, give location) Laughlins Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Samuel		b. (Middle) L.		c. (Last) Garwood		4. DATE OF DEATH (Month) (Day) (Year) April 25, 1951	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 1, 1865	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 7 Days 25		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Logan County, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Garwood		13b. MOTHER'S MAIDEN NAME Mary Wright		14. NAME OF HUSBAND OR WIFE Zena Chaney Garwood			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fred Rogers Kirksville Mo			
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) Uremia ANTECEDENT CAUSE Chronic Diffuse Glomerulo nephritis Morbid 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 Atherosclerotic Heart Disease Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH ? ? 592X ?	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from April 23, 1951 , to April 25, 1951 , that I last saw the deceased alive on April 25, 1951 , and that death occurred at 1:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) D. P. Rhoads, D.O.				23b. ADDRESS Kirksville, Mo		23c. DATE SIGNED 4-26-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/29/51		24c. NAME OF CEMETERY OR CREMATORY Highland Park Cemt.		24d. LOCATION (City, town, or county) (State) Kirksville, Mo.	
DATE REC'D BY LOCAL REG. 4-26-51		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Wendell Davis		ADDRESS Kirksville	

Date Received: APR 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-51-814
Date Filed: MAY 1 1951

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 Donald Roberts

Licensed Embalmer No. 4922

P. O. Address Kingsville

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.