

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11873

State File No.

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5192 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Carrollton-rural Combs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton "rural" Combs</u>	
c. LENGTH OF STAY (in this place) <u>9 years</u>		d. STREET ADDRESS (If rural, give location) <u>0170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.			
3. NAME OF DECEASED a. (First) <u>CHARLES</u> (Type or Print)		b. (Middle) <u>HENRY</u>	
c. (Last) <u>GARNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 21-1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 21-1876</u>
9. AGE (In years last birthday) <u>74</u>		10. MONTHS <u>11</u>	11. DAYS <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Garner</u>		13b. MOTHER'S MAIDEN NAME <u>Angeline Bryant</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>William Garner</u>		ADDRESS <u>Dalton, Mo.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u> ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death. _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>154x</u>	
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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 21, 1951</u> to <u>Jan. 1, 1951</u> , that I last saw the deceased alive on <u>April 18, 1951</u> and that death occurred at <u>10:15 a.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>H. H. Munton, M.D.</u>		23b. ADDRESS <u>Carrollton, Mo.</u>	
23c. DATE SIGNED <u>April 23</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Apr. 23-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Elliott Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Brunswick, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/23/51</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Leopold & Edwards</u>		ADDRESS <u>Bonworth, Mo.</u>	

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

0170



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 David J. Edward

Licensed Embalmer No. 3265

P. O. Address Bonworth 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.