No. 300
10-48

FILED JUL 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19266

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Wayne
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Piedmont
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ohio
b. COUNTY: Summit
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Akron
d. STREET ADDRESS (If rural, give location): 034 0

3. NAME OF DECEASED (Type or Print)
a. (First): Jennie
b. (Middle): Ann
c. (Last): Garver

4. DATE OF DEATH (Month) May (Day) 12 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 30, 1871
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 0, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carroon Center, Ohio
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Fredrich Fitzer
13b. MOTHER'S MAIDEN NAME: Lucy Ann Huff
14. NAME OF HUSBAND OR WIFE: Charles B. Garver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Charles B. Garver, **ADDRESS** Taylor Hotel, Akron, Ohio

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) Valvular Heart Lesions and cirrhesis of liver

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 5810
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 11, 1950, *to* May 12, 1951, *that I last saw the deceased alive on* May 12, 1951, *and that death occurred at* 7:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE C. D. Young, M.D. (Degree or title)
23b. ADDRESS Piedmont, Missouri
23c. DATE SIGNED 7-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Wooster (State) Ohio

DATE REC'D BY LOCAL REG. July 5, 51
REGISTRAR'S SIGNATURE Hazel Ward 460
25. FUNERAL DIRECTOR'S SIGNATURE William Coder **ADDRESS** Piedmont, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

EB

RECEIVED
JUL 16 1951
WAYNE CO. HEALTH CENTER
FILE No. 751-37

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 Coder Funeral Home, Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, W

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.