

FILED JUN 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20660**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **5646** Registrar's No. **53**

1. PLACE OF DEATH  
a. COUNTY **Lawrence**

2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Lawrence**

b. CITY (If outside corporate limits, write RURAL and give township) **Rural**  
OR TOWN **Rural**

c. CITY (If outside corporate limits, write RURAL and give township) **Rural**  
OR TOWN **Rural**

d. FULL NAME OF HOSPITAL OR INSTITUTION **2 miles S.W. of Marionville**

d. STREET ADDRESS (If rural, give location) **2 miles s.w. of Marionville**

3. NAME OF DECEASED  
a. (First) **MARY** b. (Middle) **ELIZA** c. (Last) **GARNER**

4. DATE OF DEATH (Month) (Day) (Year)  
**May 31, 1951**

5. SEX **Female**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Dec. 22, 1881**

9. AGE (In years last birthday) **69**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **at home**

11. BIRTHPLACE (State or foreign country) **Lawrence county, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **William Rogers**

13b. MOTHER'S MAIDEN NAME **Mary Lad**

14. NAME OF HUSBAND OR WIFE **Chris Garner**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) **no**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Chris Garner Marionville, 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, asthma, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Tuberculosis, both lungs**

INTERVAL BETWEEN ONSET AND DEATH **10 yrs.**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Anemia** **6 yrs.**

DUE TO (c) **Junior, Cecal** **6 yrs.**

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

**0021**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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) (Minute) \_\_\_\_\_ 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 **29 April, 1951**, to **31 May, 1951**, that I last saw the deceased alive on **29 May, 1951**, and that death occurred at **1:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Oliver Ramsey, M.D.** 23b. ADDRESS **Marionville, Missouri** 23c. DATE SIGNED **1 June 51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **6/2/51** 24c. NAME OF CEMETERY OR CREMATORY **I.O.O.F. Cemetery** 24d. LOCATION (City, town, or county) (State) **Marionville, Missouri**

DATE REC'D BY LOCAL REG. **June 14-51** REGISTRAR'S SIGNATURE **Ora Mc Natt 157** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Oscar L. Marsh Curran, Mo.**

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

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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED

JUN 21 1951

Dist. File

651-1364

Date Filed

6-21-51

AUG 29 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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....  
*Gene Tarrant*  
Licensed Embalmer No. 4809

P. O. Address.....

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.