

FILED SEP 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. 27535

29

BIRTH NO. _____		REG. DIST. NO. 176		PRIMARY REG. DIST. NO. 5656		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural - Ozark</u>		c. LENGTH OF STAY (In this place) <u>3 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Ozark</u>		OR TOWN <u>0550</u>	
d. FULL NAME OF (If not in hospital of institution, give street address or location) HOSPITAL OR INSTITUTION <u>4 Miles South Everton, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>4 Miles South Everton, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>			b. (Middle) <u>Richard</u>		c. (Last) <u>Garland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 24 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>November 18, 1865</u>		9. AGE (In years last birthday) <u>85</u>	If UNDER 1 YEAR Months <u>9</u> Days <u>16</u>	If UNDER 1 hrs. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railway Postal Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Garland</u>		13b. MOTHER'S MAIDEN NAME <u>Mary A. Arnold</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Garland</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William A. Garland, Everton, Mo. R2</u> ADDRESS <u></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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart disease</u> 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 <u>Several hours</u>	
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) <u>4200</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		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>Aug. 24th</u> , 1951, to <u>Aug 24th</u> , 1951, that I last saw the deceased alive on <u>August 24th</u> , 1951, and that death occurred at <u>12:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Max Heilbrunn M.D.</u> (Degree or title)				23b. ADDRESS <u>Lockwood, Mo.</u>		23c. DATE SIGNED <u>8-25-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>August 28-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>West Point Nebraska</u>			
DATE REC'D BY LOCAL REG. <u>8-27-51</u>	REGISTRAR'S SIGNATURE <u>W. S. Burdette</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. T. Birch</u> ADDRESS <u>Ash Grove, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

550
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 30 1951

Dist. File 951-1693

Date Filed 9-6-51

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 *J. W. Birch* _____

Licensed Embalmer No. 3856

P. O. Address Ash Grove 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.