

FILED OCT 2 1951

STANDARD CERTIFICATE OF DEATH

30904

State File No.

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 37

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Morgan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE, <u>Missouri</u> b. COUNTY <u>Morgan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Moreau Twnship</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Moreau Twnship</u> | |
| c. LENGTH OF STAY (In this place) <u>Lifetime</u> | | d. STREET ADDRESS (If rural, give location) <u>6 Mi. NE of Versailles, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 Mi. N.E. Versailles</u> | | | |

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|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwin</u> b. (Middle) <u>R</u> c. (Last) <u>GARBER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 22 1951</u> | | |
|--|--|--|--|--|--|

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|--------------------|-------------------------------|---|--------------------------------------|---|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Apr. 15-1892</u> | 9. AGE (In years last birthday) <u>59</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>8</u> | IF UNDER 1 WEEK Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|--------------------------------------|---|---|--|

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|---|-----------------------------------|---|---|
| 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 | 11. BIRTHPLACE (State or foreign country) <u>Morgan county, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Wm. M. Garber</u> | 13b. MOTHER'S MAIDEN NAME <u>Mollie Lahman</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary E. Garber</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give year or dates of service) | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Garber - Versailles, Mo.</u> | ADDRESS |
|--|-------------------------------------|---|---------|

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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u> <u>3 weeks</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Phlebotrombosis</u> DUE TO (c) <u>Severe gastroenteritis 6 weeks ago</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|--|--|---|
| 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>464 X</u> |
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| | | |
|---|--|----------------------------|
| 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 8-13, 1951, to 9-22, 1951, that I last saw the deceased alive on 9-19, 1951, and that death occurred at 6:25 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Wach Gunn M.D.</u> (Degree or title) | 23b. ADDRESS <u>Versailles, Mo.</u> | 23c. DATE SIGNED <u>9-23-51</u> |
|--|-------------------------------------|---------------------------------|

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|---|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Sept 25-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Morgan County, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Sept 27-1951</u> | REGISTRAR'S SIGNATURE <u>O. L. Washburn, M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. P. Kidwell</u> | ADDRESS <u>W. P. Kidwell</u> |
|--|---|---|------------------------------|

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

Per Obit. O. Kidwell, (Funeral Director's Statement on Reverse Side) W. P. Kidwell

RECEIVED 10-1-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-1-51

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 *E. J. Sartman* _____

Licensed Embalmer No. *4021* _____

P. O. Address *Versailles, 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.