

FILED NOV 21 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36910

State File No. _____

0360
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BIRTH NO. _____		REG. DIST. NO. <u>113</u>		PRIMARY REG. DIST. NO. <u>485</u>		Registrar's No. <u>30</u>		
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Franklin</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair</u>		c. LENGTH OF STAY (in this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair - MO.</u>		d. STREET ADDRESS (If rural, give location) <u>0360</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Clair - MO</u>				d. STREET ADDRESS <u>none</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Steph</u> b. (Middle) <u>Garberough</u> c. (Last) <u>Garberough</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-13-51</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>7-13-1871</u>		
9. AGE (in years last birthday) <u>80</u>		10. MONTHS <u>3</u>		11. IF UNDER 1 YEAR Days <u>3</u>		12. IF UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General labor</u>		11. BIRTHPLACE (State or foreign country) <u>OLD MEXICO MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Owen Garberough</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>+</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H. Garberough</u> ADDRESS <u>St. Clair</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Chronic Bronchiectasis</u>		ANTecedent CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					<u>2405-</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____						
		DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS <u>Chronic myocarditis</u>					<u>one year</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>526x</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>Jan</u> , 19 <u>51</u> , to <u>10-13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-11</u> , 19 <u>51</u> , and that death occurred at <u>30</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>W. E. Mitchell</u> (Degree or title) _____				23b. ADDRESS <u>St. Clair</u>		23c. DATE SIGNED <u>10/14/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-14-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Tallow</u>		24d. LOCATION (City, town, or county) (State) <u>Franklin - MO</u>		
DATE REC'D BY LOCAL REG. <u>10-15-51</u>		REGISTRAR'S SIGNATURE <u>Ed. L. Worthington</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sherrill Mitchell</u>		ADDRESS <u>St. Clair</u>		

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 15 1951

RECEIVED

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 *Sheswood W. Mitchell*

Licensed Embalmer No. *3873*

P. O. Address *H. Clair, 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.