S. No. 300
v. 10.48

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37876

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Desoto
c. LENGTH OF STAY (in this place) 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 818 Rock Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jeff.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Desoto 0502
d. STREET ADDRESS (If rural, give location) 818 Rock Rd.

3. NAME OF DECEASED (Type or Print)
a. (First) LILLIE b. (Middle) GREY c. (Last) GARNER

4. DATE OF DEATH (Month) Nov (Day) 9 (Year) 1951

5. SEX F **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) WIDOWED **8. DATE OF BIRTH** June 6 1861 **9. AGE** (In years last birthday) 90 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Little Lot Tenn.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Elijett Prinn
13b. MOTHER'S MAIDEN NAME Nancy Jane Gray
14. NAME OF HUSBAND OR WIFE Wesley Garner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mary Roberts **ADDRESS** 818 Rock Rd

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) Gen. arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — years
DUE TO (c)

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4200
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* ____, 1940, *to* Nov 9, 1951, *that I last saw the deceased alive on* Nov 9, 1951, *and that death occurred at* 3:05 m., *from the causes and on the date stated above.*

23a. SIGNATURE Karl V. McFinstry **(Degree or title)** M.D. **23b. ADDRESS** Desoto Mo. **23c. DATE SIGNED** Nov 19 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Nov 12 1951 **24c. NAME OF CEMETERY OR CREMATORY** Woodlawn Park **24d. LOCATION** (City, town, or county) Desoto **(State)** Mo.

DATE REC'D BY LOCAL REG. 11-14-51 **REGISTRAR'S SIGNATURE** Marie Farris 146 **25. FUNERAL DIRECTOR'S SIGNATURE** Donnell B. Duluth **ADDRESS** Desoto Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 11-17-51

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.

Signed Donnell B. Dietrich

Signed _____
Student Embalmer

Licensed Embalmer No. 4104

P. O. Address Dedto 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.