

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7119**

FILED FEB 29 1952

BIRTH NO. _____ REG. DIST. NO. **372** PRIMARY REG. DIST. NO. **6263** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Finley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Finley 1120	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) SEYMOUR R. D. 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) WEBSTER b. (Middle) IVYAL c. (Last) GARRICK			4. DATE OF DEATH (Month) (Day) (Year) 2-12-52		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-17-1904	9. AGE (In years last birthday) 48	10. 00 11. 25 12. 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) WEBSTER COUNTY MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME JAMES GARRICK	13b. MOTHER'S MAIDEN NAME NANCY IPOCHIBON	14. NAME OF HUSBAND OR WIFE ADA GARRICK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADA GARRICK SEYMOUR MO R.F.D. 2	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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Internal Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. cause of abdominal organs.		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **2-12, 1952** to **2-12, 1952** that I last saw the deceased alive on **2-12, 1952**, and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. G. Beers M.D.	23b. ADDRESS M.H. Seymour Mo	23c. DATE SIGNED 2-19-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-16-52	24c. NAME OF CEMETERY OR CREMATORY DAY	24d. LOCATION (City, town, or county) (State) WEBSTER MO
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DATE REC'D BY LOCAL REG. 2/22-52	REGISTRAR'S SIGNATURE Gilbert Jones 3430	25. FUNERAL DIRECTOR'S SIGNATURE Ketley Ferrell Beysman Seymour Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

1120
71

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 *Don J. Ferrell*

Licensed Embalmer No. *7847*

P. O. Address *Mansfield, M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.