

5. No. 300
ev. 10.48

0396
0

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12613**

MAY 5 - 1952

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **421**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Boonville 0840	
c. LENGTH OF STAY (in this place) 13 days		d. STREET ADDRESS (If rural, give location) 15 mi. N.E. of Boonville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burges Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Silas b. (Middle) John c. (Last) Garden			4. DATE OF DEATH (Month) (Day) (Year) April 27 1952		
---	--	--	--	--	--

5. SEX M	6. COLOR OF RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 7 1889	9. AGE (In years last birthday) Months Days 62 10 30
--------------------	-------------------------------	--	--	--

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 (City and State or Foreign Country) Polk Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--	---	---	--

13a. FATHER'S NAME David Garden	13b. MOTHER'S MAIDEN NAME Conradia Jenkins	14. NAME OF HUSBAND OR WIFE Ethel Garden
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 497-26-4116	17. INFORMANT'S SIGNATURE OR NAME Dale Garden		ADDRESS Boonville Mo
---	---	---	--	--------------------------------

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* (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) undetermined origin		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 6 000	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) Springfield Greene Mo.
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 **Apr 15, 1952** to **Apr 27, 1952**, that I last saw the deceased alive on **Apr 26, 1952** and that death occurred at **4:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. C. Selby M.D.	23b. ADDRESS 609 Cherry St.	23c. DATE SIGNED Apr 29, 1952
---	---------------------------------------	---

24. BURIAL, CREMATION, REMOVAL (Specify) Buried	24a. DATE Apr 29 1952	24b. NAME OF CEMETERY OR CREMATORY Goff Cemetery	24c. LOCATION (City, town, or county) (State) N.E. of Boonville Mo
---	---------------------------------	--	--

DATE REC'D BY LOCAL REG. 5-3-52	REGISTRAR'S SIGNATURE James R. ...	25. GENERAL DIRECTOR'S SIGNATURE Blair ...	ADDRESS Boonville Mo
---	--	--	--------------------------------

(Licensed Embalmers' Certificate on Reverse Side)

JUL 9 1953

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 _____

Chas J. Foster
Licensed Embalmer No. 4154

P. O. Address Bolton, Md

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.