

1952 AUG 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30477
State File No.

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Scotland</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>	
b. CITY OR TOWN <u>Memphis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Memphis Mo</u>	
c. LENGTH OF STAY (In this place) <u>8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>879th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Durward E.</u> (Middle) <u>Garr</u> c. (Last) <u>Garr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 17-1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Apr 16, 1927</u>
9. AGE (In years last birthday) <u>25</u>		10. MONTHS <u>3</u> DAYS <u>5</u> HOURS <u>0</u> MINS. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper for the Co. Lins Stock</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coatsville Mo</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>US</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Stovie E. Garr</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian G. Stockton</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or dates of service) <u>World War II 48-49</u>		16. SOCIAL SECURITY NO. <u>48-22-1438</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Doyle F. Garr</u>		ADDRESS <u>Memphis Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>High-way</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Scotland Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 17 1952 2A m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>auto accident</u>			
22. I hereby certify that I attended the deceased from _____, 1952, to _____, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>L. E. Lowe</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Memphis Mo.</u>	
23c. DATE SIGNED <u>8/26/52</u>			
24a. BURNAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 20-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memphis</u>		24d. LOCATION (City, town, or county) (State) <u>Memphis Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/26/52</u>		REGISTRAR'S SIGNATURE <u>476</u> <u>Verd G. Turner</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Berth Backett</u>		ADDRESS <u>Memphis Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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SEP 3 1956

SEP 3 1956

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 Fred Gerth

Licensed Embalmer No. 4256

P. O. Address Memphis 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.