

5. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32177**

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5661 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Lewis Co. Durham</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Durham, Mo</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Durham mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>1560</u>	
c. LENGTH OF STAY (In this place) <u>all life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSA</u> b. (Middle) <u>FLOYANCE</u> c. (Last) <u>GARKIE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 8 1952</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>July 18, 1873</u>		9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>John W. Richardson</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Spinningberg</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Schaffer</u> ADDRESS <u>Durham</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYO CARDITIS & NEPHRITIS</u>		<u>25 YRS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>LARGE ABDOMINAL TUMOR</u> 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)		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 <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 Jan 24, 1951, to Oct 8, 1952, that I last saw the deceased alive on Oct 6, 1952, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. L. Egan, MD</u> (Degree or title)		23b. ADDRESS <u>Ko. Kansas Mo</u>		23c. DATE SIGNED <u>10/19/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct. 10 - 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Durham</u>	
24d. LOCATION (City, town, or county) (State) <u>4M - North Lewis Durham Mo</u>					

DATE REC'D BY LOCAL REG. <u>10-11-52</u>		REGISTRAR'S SIGNATURE <u>P.W. Jennings M.D.</u> <u>161-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Ball</u> ADDRESS <u>Ewing, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

560
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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 _____

Lewis Martin Crabill

Student Embalmer No. *450*

working under my personal supervision.

Student *Lewis Martin Crabill*
Student Embalmer

Signed *Thomas Ball*

Licensed Embalmer No. *1744*

P. O. Address *Ewing, 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.