

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41815

State File No.

FILED DEC 13 1952

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3389 Registrar's No. 100

241 /
WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD
DEC 17 1952

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>North Kansas City</u>		c. LENGTH OF STAY (in this place) <u>23 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>450 Mason St. Claycom</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>North Kansas City</u>	
d. STREET ADDRESS (If rural, give location) <u>450 Mason St. - Claycom Brand</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>HENRY</u>		b. (Middle) <u>H</u>	
c. (Last) <u>GARNER</u>		4. DATE OF DEATH (Month/Day/Year) <u>December 4 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 12 1896</u>
9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SUPERVISOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Corn Products Refining Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Shirley Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Frank Garner</u>		13b. MOTHER'S MARDEN NAME <u>Alice Morehouse</u>	
13c. NAME OF HUSBAND OR WIFE <u>Lois Garner</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>X</u>		16. SOCIAL SECURITY NO. <u>495-01-0203</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lois Garner</u>		ADDRESS <u>450 Mason St. Claycom Brand</u> <u>K. 617 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis, cerebral</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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 <u>the 4</u> , 19 <u>52</u> , to <u>the 4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>the 4</u> , 19 <u>52</u> , and that death occurred at <u>2:45 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert W. Thayer</u>		23b. ADDRESS <u>1801 1/2 Street North Kansas City Mo</u>	
23c. DATE SIGNED <u>Dec 5, 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 8, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-8-52</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Kilka Funeral Home</u>		ADDRESS <u>2315 Remwood</u>	

Mr Robert Hodge
1801 1/2 Dwight
No X.C. 5mo - No 4484

SEP 4 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Chas E Wilks

Licensed Embalmer No.....

2644

P. O. Address.....

H.C. 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.