No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14692

FILED MAY 7 1953

State File No. 03 [illegible]

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 196

495
0

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sarcoxie Rt. # 1 0490
d. STREET ADDRESS (If rural, give location): Sarcoxie Rt. # 1 /

3. NAME OF DECEASED (Type or Print)
a. (First): JESS
b. (Middle): CLYDE
c. (Last): GARBER

4. DATE OF DEATH (Month) (Day) (Year): 4/10/53

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Oct. 25, 1885
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retd.
10b. KIND OF BUSINESS OR INDUSTRY: Retd. Farmer
11. BIRTHPLACE (State or foreign country): Sarcoxie Rt. # 1 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joe Garber
13b. MOTHER'S MAIDEN NAME: Louisa Berning
14. NAME OF HUSBAND OR WIFE: Mayme Garber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Mayme Garber Sarcoxie Rt.1

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) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: Approx. 5 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforated viscus, probable Ca. of stomach. — Not known
DUE TO (c) Ca. right lung. — " "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Auricular fibrillation.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No surgery 151X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/8, 1953, *to* 4/10, 1953, *that I last saw the deceased alive on* 4/10, 1953, *and that death occurred at* 10 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 0 M.D.
23b. ADDRESS: 410 Jackson, Joplin, Missouri
23c. DATE SIGNED: 4/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/12/53
24c. NAME OF CEMETERY OR CREMATORY: Diamond Cem.
24d. LOCATION (City, town, or county) (State): Diamond, Missouri

DATE REC'D BY LOCAL REG.: 4-27-53
REGISTRAR'S SIGNATURE: Ed D. James 138 by Dolores Lampkins D.R.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Ulmer Funeral Home Carthage, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-6-53
Jasper County Health Office

County File Number 53-5-368

Date Filed 5-6-53

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 Ed. C. Ulmer, Jr. working under my personal supervision.

Student Embalmer No. 481

Signed Ed. C. Ulmer, Jr.
Student Embalmer

Signed William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Carthage, Me.

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.