

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30885**

LED SEP 8-1953

BIRTH NO.		REG. DIST. NO. 374	PRIMARY REG. DIST. NO. 4552	Registrar's No. 51
1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death.) a. STATE Mo. b. COUNTY Wright		
b. CITY OR TOWN Mtn Grove, Mo		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Mtn Grove, Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) East First St. 1140		
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) T. c. (Last) Garner		4. DATE OF DEATH (Month) (Day) (Year) Aug 21, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH July 23	9. AGE (In years last birthday) 76 if UNDER 1 YEAR Months 0 Days 28 if UNDER 2 WKS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)
Retired merchant		Wright Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Henry Garner		13b. MOTHER'S MAIDEN NAME Wynn		14. NAME OF HUSBAND OR WIFE Annie Garner
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Annie Garner Mtn Grove
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) Chronic myocardial heart disease. 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.		INTERVAL BETWEEN ONSET AND 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) (Min.)		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 June 7, 1953 , to Aug 21, 1953 , that I last saw the deceased alive on Aug 21, 1953 , and that death occurred at 12:35 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Edison W. Chambers M.D.		23b. ADDRESS Mountain Grove Missouri		23c. DATE SIGNED 8-22-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 23, 1953		24c. NAME OF CEMETERY OR CREMATORY Cooms Creek
		24d. LOCATION (City, town, or county) Raybon, Mo.		(State) Mo.
DATE REC'D BY LOCAL REG. 8-23-53		REGISTRAR'S SIGNATURE A.P. Ames 348-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Grable, Wendy Mtn Grove Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

1141

RECEIVED SEP 1 1953
WRIGHT CO. HEALTH DEPT.
County File Number 953-114
Date Filed 9-2-53

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Frank Stable*

Licensed Embalmer No. *4140*

P. O. Address *Saty, Ga. 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.