

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **512**

FILED JAN 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **387** PRIMARY REG. DIST. NO. **5210** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Stokesmound</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hale,</b>	
c. LENGTH OF STAY (in this place) <b>40 years</b>		d. STREET ADDRESS (If rural, give location) <b>RFD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 7 N.W. Tina,</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Peter</b> b. (Middle) <b>Aaron</b> c. (Last) <b>Garber</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 8th, 1954</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>June 27, 1885</b>		9. AGE (In years last birthday) <b>68</b>		10. IF UNDER 1 YEAR (Months) (Days) <b>7 27</b>	
11. BIRTHPLACE (State or foreign country) <b>Carroll County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>			

13a. FATHER'S NAME <b>Soloman Garber</b>		13b. MOTHER'S MAIDEN NAME <b>Missouri Scott</b>		14. NAME OF HUSBAND OR WIFE <b>Cora Garber</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Aaron Garber</b>	
				ADDRESS _____	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH	
		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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Hale, Mo</b>	
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 8, 1954**, to **Jan 8, 1954**, that I last saw the deceased alive on **Jan 8, 1954**, and that death occurred at **1:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Alvin A. Welsh, D.O.</b>		23b. ADDRESS <b>Hale, Mo</b>		23c. DATE SIGNED <b>1-8-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/9/1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Avalon</b>	
				24d. LOCATION (City, town, or county) (State) <b>Avalon, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>Jan. 9, 1954</b>		REGISTRAR'S SIGNATURE <b>Mrs Rex Henderson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clifford W. Austin, Tina, Mo.</b>	
				ADDRESS _____	

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Clifford W. Justice*

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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.