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STANDARD CERTIFICATE OF DEATH

State File No. **2491**

FILED JAN 21 1954

BIRTH NO. _____ REG. DIST. NO. **314** PRIMARY REG. DIST. NO. **4459** Registrar's No. **3**

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

1. PLACE OF DEATH a. COUNTY St Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clair 0930	
b. CITY (If outside corporate limits, write RURAL and give township) Osceola		c. CITY (If outside corporate limits, write RURAL and give township) Roscoe 0	
c. LENGTH OF STAY (in this place) 8 days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Todd's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Elizabeth	c. (Last) Garver	4. DATE OF DEATH (Month) (Day) (Year) Jan; 11 1954
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5. SEX / Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept; 4, 1880	9. AGE (In years less birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 10 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pike County Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Henderson	13b. MOTHER'S MAIDEN NAME Sarah J. Burkholder	14. NAME OF HUSBAND OR WIFE Walt Garver
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Walt Garver, Roscoe Missouri	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Disease DUE TO (c) Sin City		
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 type="checkbox"/>
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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) 4201
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1-5**, 19**54**, to **1-11**, 19**54**; that I last saw the deceased alive on **1-11**, 19**54**, and that death occurred at **8:15 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Todd	(Degree or title) 2nd	23b. ADDRESS Osceola, Mo.	23c. DATE SIGNED 1/12/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-13-54	24c. NAME OF CEMETERY OR CREMATORY Roscoe	24d. LOCATION (City, town, or county) (State) Roscoe, Missouri
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DATE REC'D BY LOCAL REG. 1-12-54	REGISTRAR'S SIGNATURE Paul Seaver	25. FUNERAL DIRECTOR'S SIGNATURE J.B. Bennett	ADDRESS Osceola, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 *J. B. [Signature]*.....

Licensed Embalmer No. *3038*

P. O. Address *Queens, NY*.....

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.