

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7508**

6658-54
FILED FEB 19 1954
REG. DIST. NO. **391** PRIMARY REG. DIST. NO. **4504** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ADVANCE	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Master-Merrill Clinic		e. STREET ADDRESS (If rural, give location) Wayne Twp., Bollinger Co. Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) MICHAEL	c. (Last) GARNER	4. DATE OF DEATH (Month) (Day) (Year) FEB. 12, 1954
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH FEB. 12, 1954
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Advance, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME LEONARD GARNER	13b. MOTHER'S MAIDEN NAME MAUD M. NEWELL	14. NAME OF HUSBAND OR WIFE none	
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leonard Garner - R. 4, Advance, Mo.	
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) Medullary Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurely Detached Placenta 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 8 Hours
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 7610 YES <input type="checkbox"/> NO <input 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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on 12 Feb , 19 54 , and that death occurred at 5:15 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Dr. H. Merrill, M.D.	(Degree or title)	23b. ADDRESS Advance, Mo.	23c. DATE SIGNED 13 Feb 54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-13-54	24c. NAME OF CEMETERY OR CREMATORY Bollinger Co. Memorial Home	24d. LOCATION (City, town, or county) (State) Lutesville, Mo.
DATE REC'D BY LOCAL REG. 2-13-54	REGISTRAR'S SIGNATURE Bessie Maria	360-	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Morgan Advance, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William H. Moynihan
Licensed Embalmer No.

P. O. Address Adrian

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.