No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7949

FILED APR 5 1954

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 135

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Bollinger
c. CITY OR TOWN: R-1, Advance
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 0090 1

3. NAME OF DECEASED (Type or Print)
a. (First): Johnas
b. (Middle): J.
c. (Last): Garner

4. DATE OF DEATH (Month) (Day) (Year): March 23, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 18, 1895
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months — Days — IF UNDER 1 HRS.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming - Saw Mill
10b. KIND OF BUSINESS OR INDUSTRY: Farming & Saw Mill
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Jake Garner
13b. MOTHER'S MAIDEN NAME: Lina Elledge
14. NAME OF HUSBAND OR WIFE: Myrtle Angle Garner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Myrtle Angle Garner, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the liver, ascites severe — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of the gallbladder
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: 584 X
20. AUTOPSY? YES ☐ NO ☒

May 5 1954 Cau. by affid.

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* Mar. 15, 1954, *to* Mar. 23, 1954, *that I last saw the deceased alive on* Mar. 23, 1954, *and that death occurred at* 8:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John Crane, M.D.
(Degree or title)
23b. ADDRESS: Cape Girardeau Mo
23c. DATE SIGNED: March 29, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-27-54
24c. NAME OF CEMETERY OR CREMATORY: Bollinger Co. Cemetery
24d. LOCATION (City, town, or county) (State): Lutesville, Missouri

DATE REC'D BY LOCAL REG.: 3-30-54
REGISTRAR'S SIGNATURE: C. C. Summers
44-0
25. FUNERAL DIRECTOR'S SIGNATURE: W. H. Mayer
ADDRESS: Advance Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 5 1954

APR 16 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William H Morgan

Licensed Embalmer No. 46

P. O. Address Advance

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.