

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15229

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY CHARITON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CHARITON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRUNSWICK, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRUNSWICK, MO.	
c. LENGTH OF STAY (In this place) 70 YRS		d. STREET ADDRESS (If rural, give location) 0210	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME			
3. NAME OF DECEASED (Type or Print) a. (First) NELLE b. (Middle) GORDON c. (Last) GARVIN			4. DATE OF DEATH (Month) (Day) (Year) 5-14-54
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG-5-1882
9. AGE (In years last birthday) 72		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) DARLINGTON, Wis.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME DANIAL GORDON		13b. MOTHER'S MAIDEN NAME ELIZABETH MARTIN	
13c. NAME OF HUSBAND OR WIFE CYRUS D. GARVIN			
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 Mrs. Ruth FULTON		ADDRESS MOBERLUM	
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) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334X	
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) none		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 <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 20, 1944 to May 14, 1954, that I last saw the deceased alive on 7-6-54 1954, and that death occurred at 7:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE J. L. Fisher D.D.		23b. ADDRESS Brunswick, Mo.	
23c. DATE SIGNED 5-16-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-17-54	
24c. NAME OF CEMETERY OR CREMATORY Elliott Grove		24d. LOCATION (City, town, or county) Brunswick, Mo.	
DATE REC'D BY LOCAL REG. 5-16-54		REGISTRAR'S SIGNATURE Mildred Brown	
56-		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. E. McHenry, Brunswick	

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

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0210
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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 *L. E. McCurry*

Licensed Embalmer No. *74806*

P. O. Address *Brunswick, 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.