

No. 300
10-48

FILED JUL 2 1954

THE DIVISION OF HEALTH OF MISSOURI

23244

STANDARD CERTIFICATE OF DEATH #239 State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit,	
c. LENGTH OF STAY (In this place) 30yrs.		700/	
d. FULL NAME OF HOSPITAL OR INSTITUTION 315 S. Green		d. STREET ADDRESS (If rural, give location) 315 S. Green	

3. NAME OF DECEASED (Type or Print) Lee Micheal Garvin			4. DATE OF DEATH (Month) (Day) (Year) July 4, 1954		
5. SEX Male		6. COLOR OR RACE Wht		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 5, 1877		9. AGE (In years last birthday) 76		10. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier		10b. KIND OF BUSINESS OR INDUSTRY Bank		11. BIRTHPLACE (State or foreign country) Claridon, Ohio	

13a. FATHER'S NAME William Garvin		13b. MOTHER'S MAIDEN NAME Susane Hoke		14. NAME OF HUSBAND OR WIFE Gertrude Garvin	
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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. 486-01-8652		17. INFORMANT'S SIGNATURE OR NAME Gertrude Garvin, Lee's Summit, Mo.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus with Gangrene of foot			INTERVAL BETWEEN ONSET AND DEATH 10 yr.
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			1 yr.
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 260x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 11-10, 1946, to 7-4, 1954, that I last saw the deceased alive on 7-4, 1954, and that death occurred at LISA a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Christ Miller MD		23b. ADDRESS Lee's Summit, Mo		23c. DATE SIGNED 7-5-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 6, 1954		24c. NAME OF CEMETERY OR CREMATORY Lee's Summit,	
				24d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri	

DATE REC'D BY LOCAL REG. 7-6-54		REGISTRAR'S SIGNATURE W. Langford		5. FUNERAL DIRECTOR'S SIGNATURE W. Langford	
				ADDRESS Lee's Summit, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

700/

FEB 10 1958

JUL 22 1958

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 N B Langford

Licensed Embalmer No. 3883

P. O. Address Lee's Summit, 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.