

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14538**

FILED JUN 1 1955  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **5000** Registrar's No. **135**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Adair</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville (Rural)</b>		c. CITY OR TOWN <b>Kirksville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>10 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>R. F. D. #5 Benton Twp</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>at home, Benton Twp</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Pansy</b>	b. (Middle) <b>M</b>	c. (Last) <b>Garwood</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 19, 1955</b>
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<b>5. SEX</b> <b>F</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Divorced</b>	<b>8. DATE OF BIRTH</b> <b>Nov. 13, 1898</b>	<b>9. AGE</b> (In years last birthday) <b>56</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Labor at Laundry</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>People's Laundry</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Brashear, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>John B. Mauck</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Effie E. Varney</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>X</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>490 10 7930</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>John L. Johnson, Kirksville, Mo.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Myocarditis</b>		
	<b>ANTECEDENT CAUSES</b> <b>Anemia.</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>4222</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 12-27, 1952, to MAY 19, 1955, that I last saw the deceased alive on MAY 19, 1955, and that death occurred at 6:00 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>R. O. Stickler MD</i>	<b>23b. ADDRESS</b> <b>Kirksville, Mo.</b>	<b>23c. DATE SIGNED</b> <b>5-21-55</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>5/21/55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>I. O. O. F. Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Hurdland, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>5-23-55</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Kate Lambert</i>	<b>EMERALD DIRECTOR'S SIGNATURE</b> <i>Paul M. Riley</i>	<b>ADDRESS</b> <b>Kirksville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 19 1956

MAY 7 1956

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.....  
Signature of Student Embalmer

Signed *Kenneth E. Hayes*

Licensed Embalmer No. *489*

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